pressy

App. F. IX-4

1936.
(Med)

File No. 71-36

Serial Nos. 5-15

Previous References
Med 70-35, Als. 2-4.
" 70-35, " 5.
" 71-36, " 1-4.
" 295-37, " 1-2.

Letter References
Med. 79-39, Als. 1-4.
" 79-39, " 11-12

GENERAL AND REVENUE SECRETARIAT.

Serial Nos. Eleven

Part B for December, 1938.

SUBJECT.

Revision of Scales of Fees for Out-patients in Bangalore and Mysore Hospitals.

Sl. 13) No. G 1209-60 dt 4.8.38

To The Sr. Surgeon,
" Durbar Surgeon,
" Comptroller; Heads of Depts;
" D.C's. of Distr.'s, Municipal Comms.;
" President, City Municipal C., Mysore;
" Pres., Sanitary Board, Kolar.

WD 0295—GPB—22,500—13-8-37

Sanctions ——.

MO
14.1.39

PRIVATE SECRETARY MYSORE

Rm 605

DEWAN'S OFFICE
23 JUNE 1937
No. 24/37

OFFICE OF THE SECOND MEMBER OF COUNCIL.
23 JUNE 1937
NO 9113

Vasantha Mahal,
Mysore,
20th June 1937.

My dear Mirza,

I send herewith as requested by you the report of Colonel Dyer on the non-technical organisation and expenditure of the hospitals in the City of Madras.

Yours sincerely,

1) I mail ack. rec'pt on H II Member for perusal.

BV.
23-6-37

2) Ackd.
Sent to the Secretary Member's Council
B.S.
23.6.37

3) Typed copy with compliment

4) I believe we have already received a copy through C.S. ~~Secretary~~ and also been to have a study of the matter with reference to our hospitals
23/6/37

5) Returned
23/6.

Report on the Non technical organization and expenditure of Hospitals in Madras

General and Revenue Secretariat — Med File No. 71 of 1936. — [App. F. III—2

Serial No.

As desired by the Sr Surgeon,

6) A copy of the Report was obtained through the Residency & sent to to the Sr Surgeon (Flag T in Med file 71-36. 4)

DSH 29/6/37 The S.S. desires to have a copy of this report to see if the suggestions made therein could be introduced in our Hospitals, as there was now a Lay Secretary. A copy of it was obtained from the Residency & sent to him.

It appears, he will be requested to report the result of his study regarding the feasibility of adopting the suggestions made in the report, in our Hospitals being investigated.

29/6/37

29.6.37

(7) Yes

6/7/37

The file containing the revised rules defining the duties of the Lay Secy of the three Hospitals is put up for reference as directed (Flag Q)

30/6

(8) Draft subd.

BSA 7.7.37

7/7

7.7

GENERAL SECRETARY 30 JUNE 1937 3704

TYPING SECTION GEN'L & REV. SECT. 8 JUL 1937

NOTE.—Contn. Sheet.

WD 03594—GPB—30,000—18-7-35

Report on the non-technical organisation and expenditure of Hospitals in Mysore

Med File No. 71 of 1936 | General and Revenue Secretariat

No. G. 262 Dt. 10/7/37 5

To The Senior Surgeon in Mysore.

Requests him to report the result of his study and investigation regarding the feasibility of adopting the suggestions made in the report in the Major Hospitals of the Mysore State. Surg 12/7-37

Reminder issued to Sr. Surgeon No. G. 1715 dated 20/8/37.

GENL. & MIS. & CH. 12 JUL 1937 GENL. & REV. SECTT.

From the Senior Surgeon
Letter No C 645-8 dated 1-9-1937
Forwards his report & suggestions in the matter.

Subd - for orders.

Dy 6.9.37 (10) A statement embodying the suggestions made in the Report of Lt Col Dyer, and the opinion of the Sr Surgeon in respect of each opinion is put up as directed.

FAO 22/9/37

22.9.37

K.S.G. Secy (11) The Sr. Surgeon has not

RCH LOCAL & 23 SEP 1937 GOVT OF MYSORE

Report on the non-technical organisation & expenditure Hospitals in Madras

Serial No.

taken upon certain minor points like (1) arrangements for Laundrying, which the Dewan has moved are necessary; (2) the standardisation of Syringes which are cheap to replace in case of breakages;

(17) I have made my remarks on the Statement prepared.

OFFICE OF THE SECOND MEMBER OF COUNCIL. 15 SEPT. 1937 NO 2419

2493

11 Member)

13) (a) It may not perhaps be necessary or convenient to overhaul the entire hospital system of accounts in order to have a continuous record of the average cost per occupied bed and ~~for each~~ outpatient treated. But it should be possible for the Senior Surgeon to make a rough and ready analysis of the expenditure of the major hospitals and indicate in the Administration report, how these unit costs compare for the several hospitals and from year to year. The Senior Surgeon may be further consulted in the matter.

(b) Previous enquiries do not show that a Government dairy farm can be economically managed. The question of milk supply to the city of Bangalore has been investigated by a special Committee and its recommendations are being separately considered. Meanwhile, I think the system now in vogue in Bangalore, viz., that of obtaining milk from a Co-operative Society is fairly satisfactory. I believe a Veterinary Inspector is deputed to inspect the

NOTE—Contn. Sheet.

WD 0284—GPB—30,000—13-9-37

Report on the Non Technical organisation and Expenditure of Hospitals in Mysore

Med File No. 71 of 1936. | General and Revenue Secretariat

cows when they are brought to the hospital for milking and to make sure that they are not diseased. Arrangements may perhaps be made for inspecting the cow stalls also periodically and for advising the owners with regard to the improvement of the conditions of stalling and feeding the cattle. The Registrar of Co-operative Societies may be asked to take needful steps in the matter in consultation with the Director of Agriculture.

(c) I am inclined to agree with the Senior Surgeon that treatment in the dispensaries in Bangalore might be made free and that, subject to the specified exceptions, a fee of one anna per outpatient may be levied in the Victoria hospital, Vani Vilas hospital and the Minto Ophthalmic hospital in Bangalore, and the Krishnarajendra hospital in Mysore. Before however, taking further action in the matter, it is advisable that the proposal should be placed before the Standing Committee for Local Self Government for opinion.

(d) The proposal to levy a fee at a uniform rate of annas two per day on inpatients outpatients (other than paupers) may also be referred to the Standing Committee.

(e) With regard to the recommendation regarding the employment of nuns, I shall be glad to know how the system is working in the Krishnarajendra hospital and what extra cost it involves.

29/9/37

14) The Statement may be typed & submitted

27/9/37

Typed

TYPING SECTION
27 SEP 1937
GENL & REV. SEC.

Report on the non-Technical Organisation and Expenditure of Hospitals

General and Revenue Secretariat

File No. Med 71 of 1936 [App. F. III—2

Serial No.

DEWAN'S OFFICE 10 OCT. 1937 No. 2508

SECY. LOCAL SELF GOVT 8 OCT. 1937 GOVT OF MYSORE.

15) Submitted with a typed copy of the Statement embodying the orders of the 2nd Member of Council, as directed

8/10/37

8/10

L.S.G. Secy.

(16) For perusal

9.10.37

Dewan

(16) 10-10-37

(17) Submitted with two drafts in regard to the directions contained in para a, b & (c) of para 13.

Separate action will be taken in regard to (c) & (d) of the same para.

11/10/37

14/10

(18) Typ. Draft

(19) Typed draft submitted.

25.X.37

29/10

29/10

WD 0417—GPB—80,000—8-9-36

29.X.37

20) Issue

30.10.37

L.S.G. Secy.

TYPING SECTION 27 OCT. 1937 GENL. & REV. SECTT.

TYPING SECTION 30 OCT. 1937 GENL. SECTT.

LOCAL SELF GOVT 30 OCT. 1937 GOVT OF MYSORE.

NOTE—Contn. Sheet.

Report on the Non-technical Organisation and expen. of Hospitals in Mysore.

Med File No. 71 of 1936. | General and Revenue Secretariat

		Serial No.
Nil. G. 3456	Dt. 3/11/37	7
To The Registrar of Co-operative Societies in Mysore.		
Requests him to take needful steps in consultation with the Director of Agriculture to inspect the Cow stalls periodically by a Vety. Inspectors to advise the owners with regard to the improvements of the Conditions of stalling & feeding the Cattle in Connection with the supply of milk to Hospls in Bangalore City.		
Nil. G. 3457	Dt. 3/11/37	
To The Senior Surgeon in Mysore.		
Forwards for info. Copy of the above		
Nil. G. 3458	Dt. 3/11/37	8
To The Senior Surgeon in Mysore.		
Requests him to furnish his opinion on certain points in respect of the suggestions for the internal economy of Govt. Hospitals etc.		

Secs 8/11/37

GENL. & MIS. BRANCH. 8 NOV. 1937 GENL. & REV. SECTT.

1253. 27F

Report on the Arrangement of Employing Nurses in Hospitals.

Serial No.

From the Senior Surgeon
Letter No C 645-31 dated 30.11.1937
forwards a copy of letter dated 19.11.1937 received from the Medical Officer, Krishnarajendra Hospital, Mysore and states that he is of opinion that the question of extending the arrangement (of Employing Nurses), in the Victoria and the Vani Vilas Hospitals need not be pursued.

21) Submd. for perusal and orders if any, with reference to the minute of the 2nd Member dated 29.9.1937 (& para 13 supra). The Senior Surgeon had previously recommended in his letter dt 1.9.37 (Para 9 - flag H) that the arrangement of employing nurses (as is in force in Krishnarajendra Hospital) might be extended to the Victoria & V.V. Hospitals, Bangalore. He is now of opinion that in view of the report of the Medical Officer regarding the work done by the nurses in the K.R. Hospital, this question need not be pursued. (Refer: orders of Second Member dt 27.9.37)

BM 4/12/37

22) Dr. Robinson's report dt. 19.2.36 appears to hint that the work turned out by the four nurses (who are each paid Rs 70 + 20 allow + free quarters, light, water etc) is not such as to encourage the extension of their employment. The present M.O. of the K.R. H. is of the same opinion.

NOTE—Contn. Sheet.

WD 0417—GPB—30,000—8-9-36

Report on the non-technical organisation & Expenditure of Hospitals in Madras
(Employment of Nurses)

File No. of 193 .

General and Revenue Secretariat

Serial No.

For perusal.

Secy. (H.S.G.) (Sd/- 6/12/37)

To Hon Minister (H) 23) 9.12.37 (Sd/-)

Seen

24) The advisability of discontinuing this arrangement in the V.R.S. Hospital may be separately considered, relevant extracts being taken from this file

Sd/- 25/12/37

To Hon Minister (H) 27.12.37 (Sd/-)

25) Extracts taken to form a separate file

Hon Minister (H) 6/1/38

26) A Dft Note on the subject is put up

Hon Minister (H) 31-1-38 (Sd/-) 31/1

27) Typed. Flimsies.

Sd/- 14.2.38

SECOND MEETING [illegible]
22 DEC. 1937
No. 4476

SECY. LOCAL SELF GOVT
10 MAY 1938
GOVT. OF MYSORE

TYPING SECTION
12 FEB. 1938
GEHL & REV. SECTT.

Chandy Minister
[illegible]

Levy of a revised scale of fees payable by Outpatients & Inpatients in Hospitals

General and Revenue Secretariat | File No. of 193 . [App. F. III—2

Serial No.

Subd with a typed copy of the Note.

28) The revised scale of fees will apply to Outpatients & Inpatients resorting to the Hospitals in Bangalore & Mysore Cities.

It is not clear if this arrangement shall ~~with~~ apply to the Kolar Gold Field also.

In the Kg. F area, there are the following Medical Institutions

1 Civil Hospital.
2 Maternity Hospital
3 E. D. Hospital
4. Champion Reefs (L.F. Dispensary)

29) The E.D. Hospital does not arise, as no fees are levied and free treatment is given to patients ~~even~~ in the E-D. Hospitals at Bangalore & Mysore. As fees are to be levied, the Civil Hospital & Maternity ~~Hospitals~~ are to charge fees ~~both~~ for Inpatients and outpatients; the L.F. Dispensary at Champion Reefs treating outpatients free of cost.

30) Note is prepared for appl. The exemption granted to ~~all~~ maternal mortality cases only in Bangalore & Mysore cities.

15/2/38

15/2

(L.S.G. Dept.) 15.2.38 15/2

GOVT. LOCAL SELF GOVT
15 FEB. 1938
GOVT OF MYSORE

WD 0284—GPB—30,000—13-8-37

NOTE—Contn. Sheet.

D 2778 + 4429

Levy of a revised scale of fees payable by Outpatients & Inpatients in Hospitals

Med File No. 71 of 193 6 | General and Revenue Secretariat

31) For typing 12 copies of the Note

Asst 15/2/38

Jt. Secy

32) Opinion of the Standing Committee - d. 2.4.1938.

1. As proposed by the Surgeon Levy of fees on outpatients may be abolished in case Bonafide dispensaries under control of Police and Prisons.

2. In the case of major operations like the Victoria Hospital, K.R.S. Hospital, Maternity Hospital, and the V.V. Hospital, the arrangements of fees for outpatients may continue under the same conditions as at present for major cases, a uniform levy of Re 1 per outpatient may be made.

3. Destitute persons, who have already registered for Dispensaries, and are specially referred by the Medical Officers in the case of major operations, may however be exempt from the fee for outpatients.

4. The present arrangement in respect of inpatients may continue.

4.4.38

(Minister)

33) A draft G.O may be put up for consideration in Council.

6/4/38

TYPING SECTION 16 FEB. 19 GENL & REV. SECT.

OFFICIAL SECOND MEDICAL COUNCIL, -5 APR. 1938 No. 7438

Levy of a revised scale of fees payable by outpatients & Inpatients in Hospitals

General and Revenue Secretariat | File No. | of 193 . | [App. F. III—2

Serial No.

34) Submd with the Govt order.

BSA 17/4-1938

Qpl 21/4

Hy 20/4

Secy (L.S.G.)

(35) may be typed now

Hm 21.4.38

Qpl

Typ. Secy)

(36) Submd with a Typed copy of the draft.

BSA 25.4.38

Hy 26/4

Secy. (L.S.G.)

Qpl 26/4

SECY. LOCAL SELF GOVT. 21. APR. 1938 GOVT. OF MYSORE.

OFFICE OF THE SECOND MEMBER OF COUNCIL. 27 APR. 1938 No. 8076

Hm 29.4.38

II Member)

(37) Has Dr Robertson been consulted with regard to these proposals. If not the his views may be called for.

Hm 29/4/38

(38) Please send up the file to Mr Hamilton

Hm 29/4

NOTE—Contn. Sheet.

WD 0284—GPB—30,000—13-8-37

Levy of a revised scale of fees payable by out patients & Inpatients in Hospitals

Revd File No. 71 of 193 6 | General and Revenue Secretariat

(39) Subd with a Dft-

DSA 11/5/38 Sec. dsg) 40) GOL 8/5/38

40) Issue GO

SECY. LOCAL SELF GOVT. 4 MAY 1938 GOVT. OF MYSORE.

No. G. 8871 Dt. 7/5/38

To The Durbar Surgeon and
M. C. K. R. Hosp. Mysore.

Forwards the Draft of a G.O. proposed to be issued revising the scale of fees levied from out-patients in the Hospitals in the Bangalore & Mysore Cities and requests him to favor Govt. with his views in the matter at an early date.

4-40

Sec 10/5/38

From the Durbar Surgeon & Medl Officer
Krishnarajendra Hospital
Letter No 3756 dated 9.6.1938
Forwarding his opinion -

1) The proposal of Dr. Robinson is to have a ticket machine for 4 and 1 anna coins & have the patients purchase a ticket daily before being permitted to enter the consulting room.

4429-6823

Levy of a revised scale of fees recovered by Outpatients in Hospitals

General and Revenue Secretariat | File No. of 193 | [App. F. III–2

Serial No.

43) The proposal evidently involves the purchase of two ticket machines at an appreciable addl cost. Submd for orders with refce to paras 37 & 38 supra.

DSA 14/6/38

(44) The opinion of the S.S may be obtained on the proposal of the Dentan Surgeon for purchasing the ticket machines for each of the four Major Hospitals for levy of fees for outpatients at the rate of 4 as or 1 anna. This is a question of additional cost and there are the ticket clerks in the hospitals to attend to the collection work. Perhaps the system may be tried as an experiment in one of the Major Hospitals, to begin with in the K.R. Hospital, Mysore.

45) Submd with refce to the orders of the Second Member dated 29.4.38 (Para 37)

14/6/38.

NOTE—Contn. Sheet.

D 6283

Levy of a revised scale of fee payable by out patients in Hospitals.

File No. of 193

General and Revenue Secretariat

Serial No.

46) The letter of Dr Robertson mainly concerns itself with the difficulty of collection, and suggestions for overcoming this. It may perhaps be assumed that he has no objection to the revision of rates proposed in the draft G.O. a copy of which was sent to him.

47) As regards the installation of ticket machines, it may be worthwhile having such a mechanical aid, if the actual fee payable by a patient is not open to doubt. But the fee varies with the income and the fee payable in any particular case is subject to scrutiny by a responsible officer. Where there is no definite & uniform rate of fee for all, a mechanical aid may not be of much use.

CPR 22/6

OFFICE OF SECOND MEMBER OF COUNCIL, 24 JUNE 1938 No. 9220

Sec. 28/6)

48) The Director Surgeon seems to agree to the fee proposed in para 3)

24638 W

II member)

(49) The draft is approved. May be submitted to the Governor

25/6/38

Levy of a revised scale of fees payable by outpatients in Hospitals (16)

General and Revenue Secretariat | File No. | of 193 | [App. F. III–2

Serial No.

50) For perusal of Govt. Ag before time

25.6.1938

~~The~~ Dewan)

DEWAN'S OFFICE 25 JUN 1938 No. 8966

51) 26-6-38

SECOND MEMBER OF COUNCIL 28 JUN 1938 No. 9897

27/6

27-6-38

52) Is this not a Council Case? (Cf. Rec of Members' orders dt 6.4.38 item 33 above)

27/6

Subj

53) The proposal falls under cl IX of the Schedule

27/6.

27/6

54) Secy, L.S.G.)

SECY. LOCAL SELF GOVT. 27 JUN 1938 GOVT. OF MYSORE

27.6.38

II Member)

55) Please refer to Chief Secy

28/6/38

CHIEF SECRETARY 29 JUN 1938 GOVT. OF MYSORE

NOTE—Contn. Sheet.

Chief Secy

28.6.38

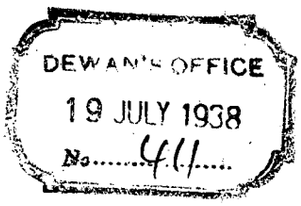
Mr)

For Disposal by Circulation. **No. C. 555**

.....193.7-38

GENERAL AND REVENUE SECRETARIAT.

Council Matter.



Subject

Proposal to revise the scale of fees payable by out-patients and in-patients attending Hospitals in Bangalore and Mysore Cities.

57) *Circulated to the Members of Council.* 57)
(Through Financial Secretary to Government)
By Order, Maybe regarded as tentative for a year or two & to be examined thereafter
H R Ramaswamy
.....30th.....June.....193.8. Offg. *Chief Secretary to Government.*

526/15.7.38 **First Member of Council.**

59) J.M. 15/7

57) I agree

169/14.7.38 **Second Member of Council.**

14/7/38 60) For favour of final Note.

283/19.7.38 Second Member) 15.7

61) D. For Remarks

63) S. M. put up.

Dewan.) 19.7.38 II Member)

62) CG signed 7.M. is placed in file. 19/7

Final Note by the Second Member of Council.

Subject.—

Revision of the scales of fees payable by out-patients attending hospitals in Bangalore and Mysore Cities.

The Senior Surgeon was requested to investigate and report upon the feasibility of adopting the suggestions made in the report on the internal economy of Government Hospitals in the City of Madras by Lt. Col. H.G. Dyer, R.A.S.C.(Retd), in the major hospitals of the Mysore State. He has accordingly made the following recommendations among others:-

(1) Abolition of the levy of fees in the case of out-patients in the branch dispensaries.

(2) Levy of a fee of one anna per patient per day in the Victoria, Vani Vilas, Minto Ophthalmic hospitals, Bangalore, and the Krishnarajendra hospital in Mysore, in the case of out-patients, irrespective of their income, as he considers it necessary to check the needless congestion of outpatients in the major hospitals by persons resorting to them even for ordinary ailments which could receive adequate treatment in the branch dispensaries.

(3) Levy of a uniform fee of two annas per diem from every in-patient irrespective of his income in lieu of the existing rate of 8 annas per day payable by those whose monthly income is Rs.50 and above.

Page 11 of the notes

The question was considered by the Standing Committee for Local Self Government, Medicine and Sanitation at the meeting held on 2nd April 1938 and in accordance with the decisions arrived thereat, the following revised rates are proposed:-

(a) Levy of fees on outpatients in all branch dispensaries may be abolished.

(b) In the case of major institutions like the Victoria, Vani Vilas and Minto Ophthalmic hospitals in Bangalore and the Krishnarajendra hospital in Mysore, the existing rates of fees for outpatients may continue in the case of persons with an income of Rs.50 and above per mensem and a uniform fee of one anna per day may be levied from all others. Indigent persons may however, be exempted from payment of the fees if they have already visited the branch dispen-

dispensaries and have been specially referred by the Medical Officers in charge of them to one of the major institutions.

(c) The present rate of fees may continue in the case of in-patients.

It is proposed to adopt the new rates for a period of one year in the first instance.

Pages 16 & 17 Orders

The Dewan and the First Member of Council have agreed to the levy of the revised rates of fees proposed above and I solicit His Highness' gracious sanction thereto.

K. Hanumanthaiya

MEMBER OF COUNCIL.

Bangalore,
19th July 1938.

67 Submitted to His Highness.

I submit herewith a Final Note by the **Second** *Member of Council* **regarding the revision of the scales of fees payable by out-patients attending hospitals in Bangalore and Mysore Cities,**

for His Highness' gracious approval.

Mirza M. Ismail

Dewan.

19-7-38

Record of Cases submitted for the Orders of His Highness the Maharaja.

Subject.

Revision of the scales of fees payable by out-patients attending hospitals in Bangalore and Mysore Cities.

Chief Secy
Mys
24-7-38

Order.

667

~~KRW~~
22/7/38

MMS
26.7.38

General and Revenue
Secretariat.

SUBJECT:—

Revision of the scales of fees payable by out-patients attending hospitals in Bangalore and Mysore Cities

---

(*)

31. All urgent or confidential files returned with His Highness' orders may in the absence of instructions or indications to the contrary, be ordinarily circulated to the Members of Council for perusal after the issue of orders.

33. The Secretaries concerned should see that orders in the cases referred to above are issued at once and that the files are returned immediately after to the Chief Secretary for circulation to the Members.

34. In all other cases, the files will first be circulated to the Members of Council at Headquarters and then sent to the Secretariat concerned for the issue of orders.

67

Circulated to Members of Council for perusal of His Highness' orders before / ~~after~~ issue of orders. (*Vide* Rules 31, 33 and 34 of the Subsidiary Rules for the conduct of business of Council in the Manual of Council Rules and Procedure.)

Chief Secretary to Government.

Through the Secretary to Government,
L. S. G. Department.

26/7/38

FIRST MEMBER OF COUNCIL.

460
26/7/38

SECOND MEMBER OF COUNCIL.

27/7/38

Secretary to Govt. L.S.G. Deptt., with enquiries

27.7.38

NOTE.—Contn. sheet.

WD 1467—GPB—500—23-2-38

Revision of the Scale of fees payable by out patients & in-patients attending (23)
hospitals in Bangalore & Mysore

General and Revenue Secretariat | File No. Med 71 of 1936. 6283/1 | App. F. III-2

Serial No.

70) Subd. The draft is already in the file & approved by the Second Member will issue, if appd, with a slight addition in the last paragraph.
29/7

29 JUL 1938 GOVT. OF MYSORE.

Please verify the draft carefully before issue
29/7/38.

71) For appl
29/7
Secy, F.W.S.)
Mysore
(72)
29.7.38
by

TYPING SECTION 30 JULY 1938 GEN. & REV. SECTT.

Financial Services agreed (Vide paragraph 57). Draft Govt. Order.

(74) Issue.
6.8.38

Issued -
8.8.38

13 No. G. 1209-60 Dy. 4/8/38
To The Dr. Surgeon to Mysore.
" Director Surgeon & M.O. to H.H. the Yuvaraja Mysore.
" Comptr. to Govt.
" Other Hods. of Depts.
" D. Cs of Dists.
" Rl. Commr. Nrd. to the President Bangalore Cantonment.

NOTE—Contn. Sheet.

24) Revision of the scale of fees payable by out-patients & in-patients attending Hospls. in Bangalore & Mysore Cities

File No. 6831 120 of 1936.

General and Revenue Secretariat

Serial No.

To The President. Exam. Bd. K. G. H.

Directs revising the scale of fees payable by out-patients and in-patients attending Hospitals in Bangalore & Mysore Cities.

Pwd Sir

GENL. & REV. SECTT. 1 AUG 1938 1576

95) This was discussed with meaning Addn. A corrigenda slip is put up for consideration as decided.

Sd/- 17.8.38

SECOND MEMBER OF COUNCIL 18 AUG. 1938 1101

(1st member)

Sd/- 18/8/38

Sd/- 1878

Issue today

Sd/- 19/8.

GENL. & REV. SECTT. 19 AUG. 1938

No. G. 15-72-615 Dy. 19/8/38 15

To The Surgeon in Mysore.
" Director Surgeon & Dn. S. K. Gr. Hosp. Mysore
" Comptr. to Govt.
" Other Hds. of Depts.
" Deputy Commrs. of Dists.
" Asstt. Commr. Bangalore City thro' the President.
" President. Mysore City Mal. Sh.
" Sec. Exam. Bd. K. G. H.

Amends orders revising the scale of fees payable by the out-patients & in-patients attending Hospls. in B'lore & Mysore Cities, temporarily.

Printed copies are needed from the press & placed in the file

Sd/-

GENL. & REV. SECTT. 2 SEP 1938

Revision of Scale of fees for out patients and in patients attending Hospitals in Bangalore and Mysore cities

General and Revenue Secretariat | File No. 1209 1566 & 225 of 193 . | [App. F. III—2

(25)

Serial No.

From Secretary Surgeon

C 645—43 d 12-9-38.

States that Dr Robertson raises certain difficulties and proposes to delay the matter till Dasara is over and states that he will submit a report after discussing about the date of giving effect to the orders.

SECY. LOCAL SELF GOVT. 20 SEP. 1938 GOVT. OF MYSORE

Subd for perusal. The publication of the orders has been stopped as per orders on the P.W.D.

Sheela 20-9-38

20/9

Secy (L.S.G.)

Fm 2295

From Second Asstt to D.P.I.

No A5 2726—193 f 38—39 d 19.10.38

Requests supply of 30 copies of G.O. dated 4.8.38

Sas 22/9

GENL. & SEP 19 GEN

Subd The G.O. d 4.8.38 has been amended by orders dated 19.8.38 and has not been put into effect as stated by the S.S. If approved, S.S. will be reminded and the II Asstt to D.P.I. informed accordingly. Reminder drafted for appr

Sheela 3/11

19/11

Was not a reminder asked for? 4/11

3/11

NOTE—Contn. Sheet.

WD 0544—GPB—30,000—2-9-38

Revision of Scale of fees for outpatients & inpatients for attending Hospitals in Bangalore and Mysore

File No. Med 71 2225 2546 of 1936.

General and Revenue Secretariat

From Senior Surgeon
C.645-45-d 2.11.38
states that it is proposed to introduce the revised fees from the middle of III week of this month and requests Sanction to print 10,000 slips as per sample at the Govt Press for use in this connection

Resd with reference to marginal orders supra.
A draft sanction for the printing of the form at the Govt Press is also submitted for approval & for orders.
Sd/-
4/11/38
4/11 Sd/- (A.S.G.)
4/11
4/11/38
4/11

To Supdt, Govt. Printing 14
No. G. 4162 of 5.11.38
authorising printing and supply of 10,000 forms to the Senior Surgeon.

Resd for orders if copies of the G.O and E.M may be sent to II Asst to D.P.I. Draft for consideration
Sd/-
12/11 12/11
How many free copies have been rcd?
12/11

PUDI

This file was rcd & returned with this 12/11

Revised Scale of fees for Hospitals in Bangalore & Mysore cities (27

2546

General and Revenue Secretariat | File No. Med 71 of 1936. | [App. F. III—2

Serial No.	
	Sd. It is usual to get 400 copies of such orders. 200 copies appear to be available Sd 17.11.38. Ly 11 18
15	To, The Second Asst. to Director of Publ. Instruction No. G 5222 of 26.11.38 Sends 20 copies each of the G.O. No. G 1209-60/Med 71-36-13 and O.M. No. G. 1572-61/Med 71-36-15, required.

B+Sw
28/11
Ly 11

NOTE—Contn. Sheet.

WD 0544—GPB—30,000—2-9-83

Bangalore,

23rd June 1937.

My dear Sir Charles,

Thank you very much for your letter No.C.1127 of the 20th instant sending me a copy of Colonel Dyer's report in regard to the non-technical organization and expenditure of Hospitals in Madras City. I have read it with much interest.

Some of the suggestions made by Colonel Dyer in his report are most useful and I am having the feasibility of adopting them in our own hospitals investigated.

Yours sincerely,

Sd. MIRZA M. ISMAIL

"COPY"

Appendix F G—1]

SUBJECT .....

.....

.....

Section Med

File No. 71-36

Serial No. 5

Diary No. of letter replied to 6054

No. G. 762

To

The Sr Surgeon

Sir

In inviting refce to this Office letter No G 5910 Med 71-36.4 d 10-2-1937 forwarding a copy of the report by Dt Col H J Dyer on the internal economy of the four Hospitals in the City of Madras, I am directed to enquire request you to report the result and investigation of your Study regarding the feasibility of adopting the suggestions made in the report Major Hospitals of the in the Mysore State

I have

General and Revenue Secretariat

( )

the *193* .

Date of issue 10-7-37

Signed by M M C S

List of enclosures.....

Copied by .....

Examined by.....

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

No. G. 262/Med. 71-36-5 — *Dated, Bangalore,* ~~9th~~ 10th July 1937.

From

The *General Secretary to the Government of His Highness the Maharaja of Mysore.*

To

The Senior Surgeon in Mysore,
Bangalore.

Sir,

In inviting reference to this office letter No. G. 5910/Med. 71-36-4, dated 10th February 1937 forwarding a copy of the report of Lieut. Col. H.G. Dyer on the internal economy of the Government Hospitals in the City of Madras, I am directed to request you to report the result of your study and investigation regarding the feasibility of adopting the suggestions made in the report in the major Hospitals of the Mysore State.

I have the honor to be,
Sir,
Your most obedient servant

for General Secretary to Government.

TRM.2

MYSORE MEDICAL DEPARTMENT

Telephone—No. 215

OFFICE OF THE SENIOR SURGEON IN MYSORE,

No. C. 645-8
Enc. one

Bangalore, dated the 1-9- *193*7

h 1253

From

Sastravaidya Pravina
S. SUBBA RAO, Esq., B.A., M.B.C.M., M.R.C.S., (Eng.) L.R.C.P., D.P.H.,
Senior Surgeon with the Government of H. H. the Maharaja of Mysore.

To

The Secretary to the Government of Mysore,
Local Self Government Department, Bangalore.

Sir,

With reference to your letter No.262/Med.71-36-5 dated 10th July 1937, calling for my report on the feasibility of adopting the suggestions made in connection with the Internal Economy of Government Hospitals in the City of Madras, by Lieut. Col. H.G. Dyer, R.A.S.C.,(Rtd), I have the honour to submit herewith- for facility of consideration- a synopsis of Col. Dyer's report embodying the various points of immediate practical interest and applicability to the Mysore Hospitals.

2. The first recommendation made by Col. Dyer is to revise the system of Hospital accounts and to bring it into line with the system of analysed expenditure adopted in Great Britain. As will be seen, the purpose aimed at is merely to provide for the maintenance of data as to the cost per occupied bed, to serve as a basis for comparison, - as between one hospital and another and from one year to another, and to indicate the direction in which increased expenditure tends. Useful though this would be, I am not sure that in Mysore the need for comparative assay is so insistent as to call for a complete overhauling of the existing account system.

3. Col. Dyer discusses the question of milk supply to hospitals in Madras, which presents similar features to the problem confronting us in Mysore. The main consideration is that milk being the staple article of diet for Hospitals, its quality and purity must be assured by directing attention to the quality of fodder, the pasture provided for cows and the conditions under which the animals are kept. The most satisfactory remedy that

P.T.O.

suggests itself is the establishment of a Government Dairy Farm, having for its object the supply of milk required for hospitals and to a limited extent to the general public. Col. Dyer estimates that with 100 acres of pasture lands and a herd of 180 cows it would be possible to produce milk sufficient to supply all Government hospitals in Madras and that substantial profits would appear likely to accrue to the Government. I am strongly in favour of enlisting the co-operation of the Department of Agriculture for the establishment of a Government Dairy Farm, with perhaps 200 head of cattles, to supply pure and certified milk to the hospitals. The Director of Agriculture may kindly be requested to formulate a practical scheme for the consideration and orders of Government.

4. On the subject of contracts, Col. Dyer recommends the expedient of calling for tenders centrally for the combined hospitals. This has already been adopted in Bangalore.

5. A recommendation of outstanding importance and far-reaching in its effects on the future internal economy of hospitals, pertains to the production of revenue by an insistence on some contribution from that class of patients who now evades payment and that other class who though unable to pay the prescribed fee might be able to pay a smaller fee. It is estimated that a charge of only 6 pies per patient each day of attendance in the out-patient department would produce an income of Rs.36,728/- annually in Madras. The income, from a similar source for all the three major hospitals in Bangalore and the Krishnarajendra Hospital, Mysore would amount to about Rs.18,000/- per annum. I propose that all the branch dispensaries in the Bangalore City be thrown open for free treatment to out-patients, the present out-patient fee of two annas being abolished so far as these dispensaries are concerned. In the Victoria, Vani Vilas, Minto and the Krishnarajendra Hospitals, an out-patient fee of one anna per patient per day of attendance should be prescribed. At present much of the attention of the highly qualified staff in the major institutions is frittered away towards affording relief for common ailments which can receive equally good treatment in the branch dispensaries. If a patient is desirous of resorting to the Victoria, Vani Vilas or the Minto Hospitals, in preference to the

Branch Dispensaries he should be prepared to pay a minimum fee of one anna. The indigent paupers can of course claim an exemption from the payment of the fee, if they have already visited the branch dispensaries and are specifically referred by the Medical subordinates in charge to one of the Major Institutions.

6. As regards in-patients in the general wards practically the only paying class of patients comprises Government servants with an income of Rs.50/- and upwards. It seems as if Government servants are penalised merely because their income is known, whereas a very large number of other patients who may be quite as able to pay easily evade payment. I propose the imposition of a uniform rate of fee of 2 annas per diem for every patient, irrespective of his income, that seeks admission to the general wards. This would be an equitable arrangement and not at all likely to be burdensome to anyone. As mentioned in the report, 90% of the patients in the London Hospitals provide their own tea, sugar and butter and there is no reason why a similar sense of self-respect should not be fostered in our patients also. A necessary adjunct would be the institution of pauper wards, specifically designated as such, for the admission of indigent persons. Any patient unable to pay 2 annas per diem, should be considered as destitute and accommodated in a pauper ward. It is hardly necessary to add that there will absolutely be no difference in the treatment or care of patients in the pauper ward: the intention is only to offer an incentive to people to accept a reasonable liability instead of shirking it as at present.

The fees for the 1st and 2nd class special wards may remain as they are.

7. Col. Dyer recommends that as an experimental measure, the services of a Janitor be made use of in the General Hospital, to investigate the status of patients and their capabilities of paying fees. The consideration of this question may wait.

8. The next suggestion relates to a routine detail requiring that bed head tickets of patients should be initialled daily by the Medical Officer so as to keep the diet prescribed under daily supervision. This practice is in vogue in our hospitals.

P.T.O.

9. Lastly, it is recommended that Nuns should be employed to supervise the kitchen and feeding arrangements as women are more suitable for this duty than men. At present Nuns are employed only in the Krishnarajendra Hospital. The arrangement may be extended to the Victoria and Vani Vilas Hospitals, Bangalore.

I have the honour to be,

Sir,

Your most obedient servant,

S. Subba Rao

~~Senior~~ Surgeon.

SUMMARY OF SUGGESTIONS MADE BY LT. COL. H.G. DYER.

System of Accounts.

The only standard by which the expenditure on a Hospital can be gauged is by the cost per occupied bed. At present both the out-patient and in-patient accounts are mixed up, which is not desirable. No motor business for example would keep a combined account of expenditure for both its sale and workshop Departments. The system of Hospital Accounts requires to be completely overhauled and brought into line with the system of analysed expenditure adopted in Great Britain. The difficulty of keeping separate dispensary records could possibly be solved by the provision of an extra dispensary at each place.

For purposes of comparison in expenditure statement "G" (of the Annual Report) is useless; on the other hand an analysed table of expenditure based on the average cost per occupied bed and per in-patient would serve a very useful purpose, for it could be seen at a glance in which direction increased expenditure tends. For purposes of comparison with other Hospitals also, a classified statement of expenditure should be tabulated under such suitable headings as provisions, Surgery and Dispensary, domestic establishment, salaries and wages.

MILK.

The present contract rates average Rs.0-1-9.3/16 obtained by auctioning the milk tenders against the market rate of 0-2-5 per pint. The propriety of auctioning tenders for such commodity as milk seems very questionable. It is the staple article of diet for Hospitals, and its quality and purity are affected by both the quality of fodder and pasture provided for the cows and the conditions under which the animals are kept: yet the hospital authorities have no control over either factor. Things might be better if the cows could be maintained in the Hospitals but with the best supervision there would appear to hygienic objection in keeping a large number of cows in hospital grounds. Whilst those precautions which can be taken are taken (such as sterilization of vessels, boiling of milk and periodical analysis of the milk) yet, there still remain many objectionable features to the present

system:

1. Lack of control over and ignorance of the conditions in which cows are kept.

2. Lack of control over the personal cleanliness and health of milkers.

3. Lack of skilled supervision over milking operations.

4. Danger of failure of milk supply during a severe drought. In times of drought the price of fodder must rise and it is not clear how the cow owner who, owing to the contract rate which in turn is considerably less than the market rate could afford to feed his cows on anything more than rubbish. (I exclude the Co-Operative Milk Supply Union from this stricture: they contract @ Rs.0-2-3 per pint for the Women's Hospital and the Mental Hospital-the average rate for the remaining hospitals is Rs.0-1-7.5/12 per pint)

The question of a Government Dairy Farm for Madras was considered in 1921 but was dropped owing to financial stringency. It is strongly recommended that the matter be now reconsidered. If 100 acres of pasture land could be furnished by Government then by the capital expenditure of about Rs.86,000/- a herd of 180 cows with cattle sheds and appurtenances could be provided and this outfit would be sufficient to supply all Government Hospitals with milk. The recurring expenditure for salaries, fodder &c., would amount to Rs.60,000/- annually. As Rs.1,50,000 is spent annually under the contract system, one year under dairy farm supply should save Rs.90,000 or enough to cover the capital expenditure. Apart from the remedies that would be afforded for the objectionable features of the contract system, substantial profits would appear likely to accrue to the Government.

CONTRACTS.

There is not the slightest doubt that the system of auctioning tenders has produced "bed-rock" rates but one is left with the uncomfortable doubt whether the system is a correct one to apply to food contracts. In these days when Diapathetic Therapy is largely practised in Hospitals, the importance of maintaining

the highest standard of food value possible, is apparent. Bidding introduces the element of gambling and a tenderer may be lead in the excitement of the moment into making a bid with such a thin margin of profit that the first rate in the market lands him in difficulties. The report recommends the expedient of calling for tenders centrally for the Combined Hospitals.

Revenue from Paying Patients.

Although the daily average number of out-patients is as large as 3,220 there is no income whatsoever for this account. It would not be unreasonable to assume that for 7 hospitals in Madras City nearly Rs.2,50,000 are spent on the out-patient Department alone. A charge of only 6 pies per patient for each day of attendance would produce an income of Rs.36,728 annually.

As regards In-patients the average cost per patient per day is about Rs.3-14-5. It is estimated that the paying patients only comprise 6.4%. This other 93.6% pay for nothing. Although the patients in the General Wards claim the privileges of paupers it is difficult to believe that 93.6% are incapable of paying anything. It would seem not unreasonable to ask a patient to pay either 1 anna or 2 annas per day towards his food. The latter sum would only be some 3% of his cost to Government, but would produce an income of about Rs.80,000/- from the 7 City Hospitals. It will not be out of place to mention that in the London Hospital 90% of the patients provide their own tea, sugar and butter. This scale of charges as approved for in-patients with an income of ~~xxxx~~ Rs.50 and Rs.100/- is too high. The report recommends that the charge per any patient with an income of less than Rs.100/- per mensem should be As.2/- per day. Any patient unable to pay this sum should be considered as destitute and accommodated in a paupers' ward. It is not suggested that the paupers' ward should be inferior to that of a patient who pays As.2/- but the fact that there is a paupers' ward would offer an incentive to contribute something for that class of patient who though capable of payment evades it.

Under the present system of collection of fees a good deal of possible revenue is lost. It is recommended that as

as an experimental measure the services of a Janitor are made use in the General Hospital preferably a retired member of the Police force who is well acquainted with the City and people and who should be entrusted with the collection of fees from the out-patients and the lesser fees from in-patients. The time taken in investigating the status of patients and their capability of paying calls for a whole-time man.

DIET.

An important aid to economy was noticeable as being practised at Royapuram Hospital but neglected at the General Hospital viz., the bed-head tickets of patients at the former hospital are initialled daily by the Medical Officer and thus the diet prescribed is kept under daily supervision: the practice at the General Hospital is that, the bed-tickets are only initialled by a Medical Officer when a change of diet is ordered, or, at the end of the month, or, when the patient is discharged from hospital.

The Diet Committee suggested the employment of Nuns to supervise the kitchens and feeding arrangements. Their report is in full agreement with the idea that women are more suitable to supervise kitchens and diet arrangements than men. If the suggestion is not approved the advisability of following the custom of some English Hospitals and placing the diet managements under the Matron Superintendent assisted by a Sister or House-Keeper might be considered.

CONCLUSION.

In proportion to the Medical Relief afforded at the several Hospitals, the expenditure has not been in any sense high. Anything in the nature of an arbitrary cut in funds would reduce the amount of relief now made available and curtail the scope of treatment. In short, the effect would be reactionary. The first remedy, therefore, for financial stringency as regards these hospitals, would appear to be in the production of revenue by an insistence on some contribution from that class of patients who now evades payment and that other class who, though unable to pay the minimum fee now extant, might be able to pay a smaller fee.

SS Rao

To

The Registrar
of Co-operative Societies
in Mysore.

Sir,

I am directed to state that, in connection with the supply of milk to hospitals in Bangalore City through the Kamadenu Co-operative Society, Bangalore, Government consider that the cow stalls should be periodically inspected by a Veterinary Inspector to advise the owners with regard to the improvements of the conditions of stalling and feeding the cattle, and to request you to be so good as to take needful steps, in consultation with the Director of Agriculture, in the matter.

I have &c.,

Secretary to Government
L.S.G. Department.

24.X.37

Memo.No.G. 3457/Mis

Copy to the Senior Surgeon in Mysore for information.

By Order,

Secretary to Government
L.S.G.Department.

3.11.37

vvk.1.

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

Dated, Bangalore, 1st November *1937*

No. G.3458/Mis-71-36-7 3W

From

The *Secretary to the Government of His Highness the Maharaja of Mysore,*
Local Self-Government Department.

To

The Registrar of Co-operative Socities in Mysore,
Bangalore.

Sir,

I am directed to state that, in connection with the supply of milk to hospitals in Bangalore City through the Kamadenu Co-operative Society, Bangalore, Government consider that the cow stalls should be periodically inspected by a Veterinary Inspector to advise the owners with regard to the improvements of the conditions of stalling and feeding the cattle, and to request you to be so good as to take needful steps, in consultation with the Director of Agriculture, in the matter.

I have the honour to be,
Sir,
Your most obedient servant,
Sd. P. H. Krishna Rao

Secretary to Government,
L.S.G. Department.

N.S.3.

Memo No. G.3457/Mis. Bangalore, dated 1st November 1937. 3W

Copy of the above is forwarded with compliments to the Senior Surgeon in Mysore, for information.

By Order,
K Ramachandra
3.11.37
For Secretary to Government
L.S.G. Department.

MC

To

The Senior Surgeon in Mysore,

Bangalore.

Sir,

With reference to the correspondence ending with your letter No.C.645-8 dated the 1st September 1937, furnishing your opinion in respect of the suggestions for the Internal economy of Government Hospitals, I am directed to ~~convey the orders of Government as detailed below:-~~ state with the Government's orders in margin

Revision of the system of Hospital accounts so as to bring it into line with the system of analysed expenditure adopted in Great Britain.-

~~In regard to this suggestion, I am to state that~~ it is not considered necessary to overhaul the entire system of Hospital accounts in order to have a continuous record of the average cost per occupied bed and out-patient treated. It should, however, be possible for your Department to make a rough and ready analysis of the expenditure of the major hospitals and indicate in the Administration Report, how these unit costs compare for the several hospitals and from year to year.

I am to request you to furnish your further opinion in this matter.

2. To Collect arrangements for the satisfactory supply of milk to hospitals.-

~~This~~ The question is under correspondence with the Registrar of Co-operative Societies

Vide memo.No. G 3457/mcb dated 3/11/37 forwarding to you copy of the letter addressed to the Registrar of Co-operative Societies in the matter.

3. The question of levy of a revised scale of fees for ~~on~~ out-patients and in-patients in hospitals.

This is reserved for further consideration of Government.

~~In regard to this,~~ I am to enquire how ~~this system~~ the employment of Nurses is working in the K.R.Hospital, Mysore, and what extra cost ~~this~~ the proposal ~~involves~~. to employ them in the Hospitals at Bangalore

I have the honor to be,
Sir,
Your most obedient servant,

Draft.

Secretary to Government,
L.S.G. Department.

vvk.29.10.1937.

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

Dated, Bangalore, 1st November 1937

No. Ag. 3458/Md.71-36-8.

From

The *Secretary to the Government of His Highness the Maharaja of Mysore,*
Local Self-Government Department.

To

The Senior Surgeon in Mysore,
Bangalore.

Sir,

With reference to the correspondence ending with your lette No. C.645-8 dated the 1st September 1937, furnishing your opinion in respect of the suggestions for the Internal economy of Govern ment Hospitals, I am directed to state that in the matter of the revision of the system of Hospital accounts so as to bring it into line with the system of analysed expenditure adopted in Great Britain, it is not considered necessary to overhaul the entire system of Hospital accounts in order to have a continuou record of the average cost per occupied bed and out-patient - treated. It should, however be possible for your Department to make a rough and ready analysis of the expenditure of the major hospitals and indicate in the Administration Report, how these unit costs compare for the several hospitals and from - year to year. I am to request you to furnish your further opinion in this matter.

As to the arrangements for the satisfactory supply of milk to hospitals, the question is under correspondence with the - Registrar of Co-operative Societies Vide memo.No. Ag 3457/Md dated 3rd Nov 37 forwarding to you copy of the letter addressed to the Registrar of Co-operative Socities in the matter.

The question of the levy of a revised scale of fees for out-patients and in-patients in hospitals is reserved for further consideration of Government. I am to enquire how the employment of nuns is working in the K.R. Hospital, Mysore,

and what extra cost the proposal to emply them in the Hospitals at Bangalore would involve.

I have the honour to be,

Sir,

Your most obedient servant,

K Ramaswami

For Secretary to Government,
L. S. G. Department.

N. S. 3.

MYSORE MEDICAL DEPARTMENT.

Med. 71-36-9

Telephone—**No. 215**

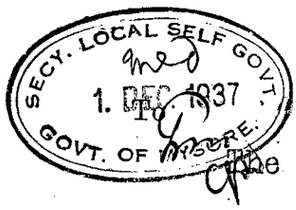
OFFICE OF THE SENIOR SURGEON IN MYSORE,

No. C. 645-31.
Enc. 2.

Bangalore, dated the 30-11- *193*7.

From

SASTRAVAIDYA PRAVINA
S. SUBBA RAO, ESQ., B.A., M.B.C.M., M.R.C.S. (Eng.), L.R.C.P., D.P.H.,
Senior Surgeon with the Government of H. H. the Maharaja of Mysore.



To

The Secretary to the Government of Mysore,
Local Self Government Department, Bangalore.

Sir,

With reference to the last para of your letter No.G.3458/Med. 71-36-8 dated the 3rd Instant calling for certain information as to how the employment of Nuns is working in the Krishnarajendra Hospital, Mysore, I have the honour to enclose for the information of Government, a copy of letter received from the Medical Officer, intimating that "no improvements have been effected in the Nursing Establishment of this Institution after their appointment".

In this connection, I would also invite reference to the letter No.37 dated 19-2-1936 from Dr.Robinson to your address, on the same subject (copy enclosed) in which he states that they have merely "been helpful in the general work of hospital management and in maintaining discipline etc". This is properly the work of the Matron and the Assistant Matron of any Institution and I do not think, judging from the report received from the Krishnarajendra Hospital, that the question of extending the arrangement in the Victoria and Vani Vilas Hospitals need be pursued.

I have the honour to be,
Sir,
Your most obedient servant,

S. Subba Rao
Senior Surgeon.

D.O.No.1636 dated 19-11-1937, from the Medical Officer, Krishnarajendra Hospital, Mysore, to the Senior Surgeon in Mysore, Bangalore.

With reference to your D.O.No.C.645-28 dated 15th November 1937 re: the system of employment of Nuns in this Hospital, I write to state that out of the four nuns working in this hospital 2 are on night and the other two are on day duty and they are working in pairs. They are supposed to do sisters' supervision duty but the actual work turned out is not what is expected of them. No improvements have been effected in the nursing establishment of the hospital after their appointment. I herein enclose a copy of the report re: their duty by my predecessor in office, as desired.

"Copy".

S. Subbarao

Senior Surgeon.

Dr.J.F.Robinson, B.A., et

Letter No.37 dated 19-2-1936 from the Durbar Surgeon and Medical Officer, Krishnarajendra Hospital, Mysore, to the General Secretary to Government of H.H. the Maharaja of Mysore General and Revenue Secretariat, Bangalore.

In reply to your letter No.G.6413-4/Med. dated 14/15th February 1936, I have the honour to state that we have had four Nuns for about a year and a half. They are paid Rs.70/- plus Rs.20/- ration allowance and free quarters, light, water etc.

They are supposed to have been hospital Nuns, but their training I judge has not been strictly that of trained hospital nursing sisters, so that qualified registered regularly trained graduate sisters from a prominent London Hospital would be preferable on the whole. However, the Nuns have been helpful in the general work of hospital management and in maintaining discipline amongst the nurses and menials and especially when on night duty. They have worked into our ways gradually and have been able to relieve the only other European Nursing Sister and Superintendent of Nurses of in the detail management and in night duties.

The Bowring and Curzon Hospitals under the Residency Surgeon in Bangalore have had Nuns in charge of their duties and kitchens for some years and the hospital at Rayapuram, Madras has had European Nuns for some years and reference

might be made to them for their experience.

"Copy".

S. Subbarao

Senior Surgeon.

No. 6936 C. S.

GOVERNMENT OF MYSORE. Med. 71-36-10

DEPARTMENT OF CO-OPERATION.

OFFICE OF THE REGISTRAR OF CO-OPERATIVE SOCIETIES IN MYSORE.

Telegraphic Address: "CO-OPERT" Bangalore

SECY. LOCAL SELF GOVT 3. MAR. 1938 GOVT OF MYSORE.

Dated Bangalore, 3rd March *1938.*

GENL & REV. 3 4629 1933

FROM

M. ABDUL HUKH, ESQ., B.A.,
Registrar of Co-operative Societies in Mysore,
BANGALORE.

To

P.H.Krishna Rao,Esq.,M.A.,
Secretary to the Government of Mysore,
Local Self-Government Department, Bangalore.

Sir,

With reference to your letter No.G.3456/Med.71-36-7 dated 3rd November 1937 asking me to take needful action,in consultation with the Director of Agriculture in the matter of the periodical inspection of the cow-stalls in connection with the supply of milk to Hospitals in Bangalore City through the Kamadhenu Co-operative Society and tendering of advice to owners of cattle with regard to the improvements of the conditions of stalling and feeding of cattle I have the honour to state that the Director of Agriculture intimates that a Veterinary Inspector is arranged to be deputed for the purpose for two days during the first week of every month and to submit reports to the Superintendent, Civil Veterinary Department, and that the latter would communicate to me, if any suggestions are offered by the Veterinary Inspector on his inspections.

I have the honour to be,
Sir,
Your most obedient servant,

Registrar.

L.S.2/3.

Appendix F G—1]

SUBJECT.....

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.....

Diary No. of letter replied to 4429

General and Revenue Secretariat

( )

the 193 .

Date of issue 1.5.38

Signed by Mr. C&R

List of enclosures.....

Copied by.....

Examined by.....

Section Med.

File No. 71-36

Serial No. 11

No. C&R. 8871/Gen.1

To The Durbar Surgeon
& Medl. Officer
- H.E.H. Hostels, Mysore

Sir

I am directed to forward herewith ~~for favour of your opinion a copy of the~~ a proposed draft Govt order ~~fixing the~~ issued ~~fixing the~~ revising the ~~rates of~~ a revised scale of fees levied from ~~in-reg payable by~~ outpatients ~~who are not indigents resorting~~ for treatment in the ~~Hospital~~ Hostels in the Bangalore and Mysore Cities ~~in the Krishnarajendra Hospital~~ and to request you ~~to report~~ to kindly favour Govt with your views in the matter at ~~the favour of an early reply~~ an early date ~~is requested~~

I have

C&R

for Secy
Med Dept

WD 0278—GPB—30,000—4-3-38

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

No. F 8871 Genl Sec 1.

Bangalore, Dated, 7th May 193 8

From

The *Secretary to the Government of His Highness the Maharaja of Mysore,*
Local Self-Government Department.

To

The Durbar Surgeon & Medical Officer,
Krishnarajendra Hospital, Mysore.

Sir,

I am directed to forward herewith the draft of a Government Order proposed to be issued revising the scale of fees levied from out-patients, in the hospitals in the Bangalore and Mysore Cities, and to request you to kindly favour Government with your views in the matter, at an early date.

I have the honour to be,

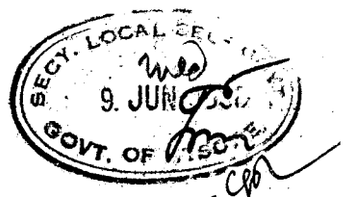
Sir,

Your most obedient servant,

for Secretary to Government,
L.S.G. Department.

No. 3756.
Encl.

MYSORE,
(S. INDIA)
9-6- 1938.



FROM

DR. J. F. ROBINSON, B.A., M.D., F.A.C.S., F.R.C.S.E.,
Durbar Surgeon and Medical Officer,
Krishnarajendra Hospital, Mysore.

To

The Secretary to the Government of His
Highness the Maharaja of Mysore,
Local Self Government Department,
B a n g a l o r e.

Sir,

In regard to the matters referred to in your letter No.G.8871/Med.71-36-11 dated the 7th May 1938, I have the honour to state that the collection of fees is a most difficult one. Only the Government Officials, whose pay or salarys are published can be checked. Many of the others though well-to-do, have no self respect and always declare their income at Rs.48/-. The time and unpleasantness spent haggling over the collection of 1 or 2 or 4 annas, as the case may be, is, I seems illspent.

One way to obviate this would be to have a ticket machine for 4 and 1 anna coins and have the patient purchase a ticket daily before being permitted to enter the consulting room. The obviously well-to-do, loaded with jewells and arriving in a luxury motor, be refused consultation without producing a four instead of a one anna ticket for each member of the usual numerous family and relations — all of which are expected to be treated that day and any number of days following for the one 4 annas!

I have the honour to be,
Sir,
Your most obedient servant,

J F Robinson.

DURBAR SURGEON & MEDICAL OFFICER.

The Secretary to the Government of His
Highness the Maharaja of Mysore,
Local Self Government Department,
B a n g a l o r e.

Sir,

In regard to the matters referred to in your letter No.C.8871/Med.71-36-11 dated the 7th May 1938, I have the honour to suggest that the collection of fees is a most difficult one. Only the Government Officials, whose pay or salarys are published can be checked. Many of the others though well-do-do, have no self respect and always declare their income at Rs.48/-. The time and unpleasantness spent haggling over the collection of 1 or 2 or 4 annas, as the case may be, is seems illspent.

One way to obviate this would be to have a ticket machine for 4 and 1 anna coins and have the patient purchase such a ticket daily before being permitted to enter the consulting rooms the obviously well-to-do. loaded with jewels and arriving in a luxury motor, perfumed consultation without producing a four instead of a one anna ticket for each member of the usual numerous family and relations all of which are expected to be treated that day and any number of days following for the one 4 annas!

Have the honour to be,
Sir,
Your most obedient servant,

DURBAR SURGEON & MEDICAL OFFICER.

MYSORE GOVERNMENT

D 4429 Med 71-36
1283

Med. 71-36-13

Subject:- ~~Levy of~~ Revised scale of fees payable by out-patients and in-patients ~~in~~ attending Hospitals in Bangalore and Mysore Citi

- - - - - -

PROCEEDINGS OF THE GOVERNMENT OF
HIS HIGHNESS THE MAHARAJA OF MYSORE.

Read

G.O.No.L.3886-3959/Med.
32-22-2 dated 25-11-1922.

G.O.No.7723-7772/Med.
185-29-3 dated 31-12-1929.

G.O.No.G.9113-62/Med.
85-29-6 dated 1-2-1930.

G.O.No.4122-75/Med.
316-30-18 dated 20-11-1931.

G.O.No.7906-15/Med.157-34-10
dated ~~30-3-1936~~.

26 K
30 K March 1936

The marginally noted Government orders prescribing the ~~rates of~~ fees payable by in-patients and out-patients resorting for medical treatment to the Hospitals and Dispensaries in the cities of Bangalore and Mysore and on the Kolar Gold Fields.

2. Correspondence ending with letter No.C.645-8 dated 1st September 1937 from the Senior Surgeon, forwarding proposals for the levy of revised rates of fees ~~in the case of out-patients and~~ in-patients in General Wards, resorting for treatment to the Hospitals and Dispensaries in the cities of ~~Bangalore and Mysore.~~

Order No.

Dated,

~~Under the~~ According to existing orders, the rates of fees payable by out-patients ~~and~~ in-patients in General Wards in the Hospitals and Dispensaries ~~at~~ in Bangalore and Mysore cities are as under:-

A. Out-patients.

(a) For those whose income is above Rs.100/- p.m.	A fee of as.4 a day.
(b) For those whose income is between Rs.50/- and Rs.100/- p.m.	A fee of as.2 a day.
(c) For those whose monthly income is Rs.50/- p.m. and less.	Free.

B. In-patients. (General Wards).

For those whose monthly income is Rs.50/- per mensem.	As.8 per patient per day.

2. The Senior Surgeon proposes that the levy of ~~a~~ fee may be abolished in the case of out-patients in all the Branch Dispensaries in Bangalore and Mysore cities, and that a fee of one anna per

Victoria Hospital, Bangalore.
Vani Vilas -do- -do-
Minto Ophthalmic Hospital -do-
K. R. Hospital, Mysore.

patient per day may be charged for all out-patients (irrespective of their income) in the Hospitals noted in the margin, with a view to avoid needless congestion of out-patients in these major Hospitals by persons resorting to them even for ordinary ~~complaints~~ ailments. He also suggests that provision may be made for indigent persons being allowed exemption from the payment of this fee, if they have already visited one of the Branch Dispensaries and are specifically referred by the medical subordinates in charge of the dispensary to go to one of the bigger Hospitals referred to above.

In the case of in-patients in General Wards, he proposes the levy of a uniform fee of 0-2-0 a day per patient irrespective of his income, in lieu of the existing rate of 0-8-0 per day ~~in this case of~~ payable by those whose monthly income is above Rs.50/- ~~and above~~.

3. The question was ~~also~~ considered by the standing Committee of the Representative Assembly and Legislative Council for the Departments of Local Self-Government, Medicine and Sanitation. The Committee was of opinion ~~that~~:-

(a) That the levy of fees on out-patients may, as proposed by the Senior Surgeon, be abolished in all Branch Dispensaries in the cities of Bangalore and Mysore;

(b) That in the case of major Institutions like the Victoria, the Krishnarajandra, the Minto Ophthalmic Hospitals and the Vani Vilas Hospitals, the existing rates of fees for out-patients may continue in the case of persons whose monthly income from all sources is Rs.50/- and above per mensem, and a uniform fee of one anna per day may be levied from all others; destitute persons, if they have already visited the Branch Dispensaries

and ~~are~~ have been specifically referred by the Medical Officers in charge of them to one of the major institutions, being, however, exempted from payment of the fees; and

(c) That the present rates of fees may continue in the case of in-patients.

4. Government agree with the views of the Standing Committee and are pleased to sanction the recommendations made by them; ~~tentatively for one year on~~ The revised rates will be adopted for a period of one year ~~from date of sanction~~ in the first instance.

27.4.38

Secretary to Govt.
L.S.G. Department.

To

The Senior Surgeon in Mysore.
The Durbar Surgeon and Medical Officer, K.R.Hospital, Mysore.
The Comptroller to Government, through Financial Secretariat.
The other Heads of Departments
The Dy. Commrs of Ds
The Ml Commr, through the President, Bangalore Ml Council
The President, City Ml Council Mysore
The President, Sanitary Boards KGF.
~~The Comptroller, Mysore Surgeon~~
Pass Table

26/4/38.

29/7/38

PROCEEDINGS OF THE GOVERNMENT OF HIS HIGHNESS

THE MAHARAJA OF MYSORE.

Read:-

The marginally noted Government orders prescribing the fees payable by in-patients and out-patients resorting for medical treatment to the Hospitals and Dispensaries in the cities of Bangalore and Mysore and on the Kolar Gold Field.

1. G.O.No.H.3866-3969/Med. 32-22-2 dated 25th November 1922.
2. G.O. No.7723-7772/Med.185-29-3 dated 31-12-1929.
3. G.O. No.C.9113-62/Med. 85-29-6 dated 1-3-1930
4. G.O.No.4123-73/Med. dated 316-30-10 dated 29-11-1931
5. G.O.No.7906-10/Med.157-34-10 dated 28th/30th March 1935.

2. Correspondence ending with letter No.C.645-8 dated 1st September 1937 from the Senior Surgeon, forwarding proposals for the levy of revised rates of fees.

Order No. Dy. 1209-60 Med. 71-36-13

Dated, Bangalore the 1st August 1938.

According to existing orders, the rates of fees payable by in-patients in General Wards and out-patients in the Hospitals and Dispensaries in Bangalore and Mysore Cities are as under:-

A. Out-patients.

(a) For those whose income is above Rs.100/- per mensem — A fee of annas four a day.

(b) For those whose income is between Rs.50/- and Rs.100/- per mensem — A fee of annas two a day.

(c) For those whose monthly income is Rs.50/- per mensem and less — Free.

B. In-patients (General Wards).

For those whose monthly income is above Rs.50/- per mensem. — As. 8 per patient per day

3. The Senior Surgeon proposes that the levy of fees may be abolished in the case of out-patients in all the Branch Dispensaries in Bangalore and Mysore Cities, and that a fee of one annas per patient per day may be charged for all out-patients

(irrespective of their income, in the hospitals noted in the margin, with a view to avoid needless congestion of out-patients in these major hospitals by persons resorting to them even for ordinary ailments. He also suggests that provision may be made for indigent persons being allowed exemption from the payment of this fee, if they have already visited one of the branch dispensaries and are specifically referred by the medical subordinate/charge of the dispensary to go to one of the bigger hospitals referred to above.

Victoria hospital, Bangalore
Vani Vilas " -do-
Minto Ophthalmic hospital..... -do-
Krishnarajendra hospital, Mysore...

In the case of in-patients in general wards, he proposes the levy of a uniform fee of C-2-0 annas a day per patient irrespective of his income, in lieu of the existing rate of 0-4-0 per day payable by those whose monthly income is above Rs.60/-.

3. The question was considered by the standing committee of the representative assembly and legislative council for the department of local self-Government, Medicine and sanitation. The committee was of opinion:-

(a) that the levy of fees on out-patients may, as proposed by the senior surgeon, be abolished in all branch dispensaries in the cities of Bangalore and Mysore.

(b) that in the case of major institutions, like the Victoria, the Krishnarajendra, the Minto Ophthalmic hospitals and the Vani Vilas hospitals, the existing rates of fees for out-patients may continue in the case of persons whose monthly income from all sources is Rs.60/- and above per annum, and a uniform fee of one anna per day may be levied from all others: destitute persons, if they have already visited the branch dispensaries and have been specifically referred by the Medical officers in charge of them to one of the major institutions, being, however, exempted from payment of the fees; and

(c) that the present rate/of fees may continue in the

in the case of in-patients.

4. Government agree with the views of the Standing Committee and are pleased to sanction the recommendations made by them. The revised rates will be adopted for a period of one year in the first instance.

C. D. Ramiah Clerk
Secretary to Government,
Local Self Government Department.

To

The Senior Surgeon in Mysore.
The Senior Surgeon and Medical Officer, Krishnarajendra Hospital, Mysore.
The Comptroller to Government, through the Financial Secretariat.
The Other Heads of Departments.
The Deputy Commissioners of Districts.
The Municipal Commissioner, through the President, Bangalore City Municipal Council.
The President, City Municipal Council, Mysore.
The President, Sanitary Board, Kolar Gold Field.

Press Table.

/ss/1 6.

S. O

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE.

GENERAL AND REVENUE DEPARTMENTS.

G. O. No. G. 1209-60—Med. 71-36-13, dated 4th August 1938.

Fees payable by the out-patients and in-patients attending Hospitals in Bangalore and Mysore Cities.

Passes orders revising the scale of:—

READ:—

The following Government Orders prescribing the fees payable by in-patients and out-patients resorting for medical treatment to the Hospitals and Dispensaries in the Cities of Bangalore and Mysore and on the Kolar Gold Field:—

1. Government Order No. L. 3886-3959—Med. 32-22-2, dated 25th November 1922.
2. Government Order No. L. 7723-7772—Med. 185-29-3, dated 31st December 1929.
3. Government Order No. G. 9113-62—Med. 85-29-6, dated 1st February 1930.
4. Government Order No. 4122-75—Med. 316-30-18, dated 20th November 1931
5. Government Order No. 7906-15—Med. 157-34-10, dated 26—30th March 1936.

2. Correspondence ending with letter No. C. 6458, dated 1st September 1937, from the Senior Surgeon, forwarding proposals for the levy of revised rates of fees.

ORDER NO G. 1209-60—MED. 71-36-13. DATED BANGALORE, THE 4TH AUGUST 1938.

According to existing orders the rates of fees payable by in-patients in General Wards and out-patients in the Hospitals and Dispensaries in Bangalore and Mysore Cities are as under:—

A. Out-patients.

(*a*) For those whose income is above Rs. 100 per mensem	.. A fee of annas four a day.
(*b*) For those whose income is between Rs. 50 and Rs. 100 per mensem ...	... A fee of annas two a day.
(*d*) For those whose monthly income is Rs. 50 per mensem and less	... Free.

B. In-patients (General Wards.).

For those whose monthly income is above Rs. 50 per mensem ... Annas eight per patient per day.

2. The Senior Surgeon proposes that the levy of fees may be abolished in the case of out-patients in all the Branch Dispensaries in Bangalore and Mysore Cities, and that a fee of one anna per patient per day may be charged for all out-patients irrespective of their income) in the hospitals noted in the margin, with a view to avoid needless congestion of out-patients in these major hospitals by persons resorting to them even for ordinary ailments. He also suggests that provision may be made for indigent persons being allowed exemption from the payment of this fee, if they have already visited one of the branch dispensaries and are specifically referred by the medical subordinate in charge of the dispensary to go to one of the bigger hospitals referred to above.

Victoria Hospital, Bangalore.
Vani Vilas Hospital, Bangalore.
Minto Opthalmic Hospital, Bangalore.
Krishnarajendra Hospital, Mysore.

In the case of in-patients in general wards, he proposes the levy of a uniform fee of two annas a day per patient irrespective of his income, in lieu of the existing rate of eight annas per day payable by those whose monthly income is above Rs. 50.

3. The question was considered by the Standing Committee of the Representative Assembly and Legislative Council for the Departments of Local Self-Government, Medicine and Sanitation. The Committee was of opinion:—

(*a*) That the levy of fees on out-patients may, as proposed by the Senior Surgeon, be abolished in all branch dispensaries in the Cities of Bangalore and Mysore;

(*b*) that in the case of major institutions, like the Victoria, the Krishnarajendra, the Minto Ophthalmic Hospitals and the Vani Vilas Hospitals, the existing rates of fees for out-patients may continue in the case of persons whose monthly income from all sources is Rs. 50 and above per mensem, and a uniform fee of one anna per day may be levied from all others; destitute persons, if they have already visited the branch dispensaries and have been specifically referred by the Medical Officers in charge of them to one of the major institutions, being, however, exempted from payment of the fees; and

(*c*) that the present rates of fees may continue in the case of in-patients.

4. Government agree with the views of the Standing Committee and are pleased to sanction the recommendations made by them. The revised rates will be adopted for a period of one year in the first instance.

P. H. KRISHNA RAO,
Secretary to Government,
Local Self-Government Department.

To—The Senior Surgeon in Mysore.
The Durbar Surgeon and Medical Officer, Krishnarajendra Hospital, Mysore.
The Comptroller to Government through the Financial Secretariat.
The other Heads of Departments.
The Deputy Commissioners of Districts.
The Municipal Commissioner through the President, Bangalore City Municipal Council.
The President, City Municipal Council, Mysore.
The President, Sanitary Board, Kolar Gold Field.

PRESS TABLE.

Exd.—C. K.

Krishnarajendra Hospital,

Mysore, dated, 15-8-1938.

Dear Mr. Madhava Rao,

In regard to the new plan for charging out-patients an anna a day for advice and medicine or free attendance, if referred from near-by dispensaries, may I suggest that this scheme be tried in the first instance for a period of three months for only the general out-patients, male and female, and not at first for the special departments of the Eye,; Ear, Nose and Throat? This will enable us to organise the scheme and discover its work-ability.

Yours sincerely,

J. Rahman.

To

Rajamanthrapravina
N.Madhava Rao, Esq., B.A.B.L.,
Member of Council,
Bangalore.

17th August 193 8.

Dear Sir,

In confirming the telephone message sent to your clerk, I am desired to request that Government Order No.G.1209-60/Med.71-36-13 dated 4th August 1938 in the matter or rees payable by patients attending hospitals in Bangalore and Mysore Cities need not be published in the Gazette.

Yours sincerely,

17 8 38

B.Venkatasubba Rao, Esq., B.A., LL.B.,
Superintendent, Government Printing,
Bangalore.

August 18,

Dear Dr. Robinson,

I am in receipt of your letter No.472 dated 15th August 1938 regarding the Government Order on the levy of fees from out patients attending hospitals in Bangalore and Mysore Cities. The Government Order is being amended on the lines suggested by you.

Yours sincerely,

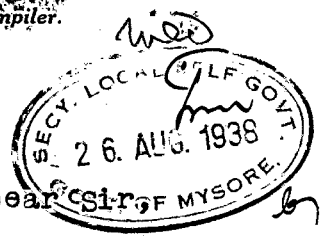
Dr. J.F. Robinson, B.A., M.D., F.A.CsS,etc.,
Medical Officer,
Krishnarajendra Hospital,
M y s o r e.

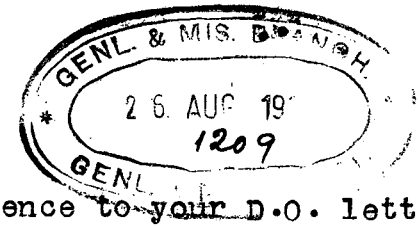
D. O. No. G. 214

B. VENKATASUBBA RAO, ESQ., B.A., LL.B.,
[redacted]
Compiler.

MYSORE GAZETTE OFFICE,

Bangalore, dated 23rd Aug. *193* 8.
24





Dear Sir,

With reference to your D.O. letter No.G.1508, dated 17th August 1938, requesting that Government Order No.G.1209-60/Med.71-36-13, dated 4th August 1938, in the matter of fees payable by Patients attending Hospitals in Bangalore and Mysore Cities need not be published in the Gazette, I write to inform you that the Government order referred to has been withheld from publication in the Gazette, as desired by you.

Sent for perusal. No further action
Secretary
Shah
31/8

Yours sincerely,

B Venkatasubba Rao
23/8/38

P.H. KRISHNA RAO, ESQ., M.A.,
Secretary to Government,
Local Self-Government Department,
BANGALORE.

Med 71-36-15

~~AGENDA AND CORRIGENDUM~~

Office Memorandum

*****

~~For para 4 of~~ G.O.No.G.1209-60/Med. 71-36-13 dated 4th August 1938 regarding fees payable by the out-patients and in-patients attending hospitals in Bangalore and Mysore Cities ~~substitute~~ the following paragraphs

(of the G.O)

~~For para 4~~ substitute

"4. Government agree with the views of the Standing Committee and are pleased to sanction the recommendations made by them, ~~but only~~ in respect of the Victoria Hospital, Bangalore and the K.R.Hospital, Mysore excluding the special departments like the ear, nose and throat in the two hospitals ~~in~~ and the Eye dept in the K.R. Hospital

5. The Senior Surgeon will bring the scheme into operation from a convenient date in consultation with the Durbar Surgeon and submit a report to Government on the working of the scheme after it has been in force for a period of 3 months."

17.8.38

Secy. to Govt.,
L. S. G. Deptt.

The Senior Surgeon
" Durbar Surgeon & M.O. K.R. Hospital
" Comptroller to Govt
" Other Heads of Depts
" D.H.S. & F.W.
" Municipal ~~Council~~ Commissioner through the President,
" President, Mysore City Municipal Council.
C/c to Public Office

17/8/38

MYSORE MEDICAL DEPARTMENT

Telephone No. 2462.
Telegrams: *Senorgen.*

OFFICE OF THE SENIOR SURGEON IN MYSORE,

No. C. 645-43 *Bangalore, dated the* 9.9. *1938.*
Encl. one

SECY. LOCAL SELF GOVT 13 SEP 1938 GOVT OF MYSORE

FROM

RAJASEVASAKTA
B. K. NARAYANA RAO, ESQ., B.A., M.B.C.M., M.R.C.S. (Eng.), D.P.H., D.O. (Oxon.),
Senior Surgeon with the Government of H. H. the Maharaja of Mysore.

To

The Secretary to the Government of Mysore,
Local Self Government Department,
Bangalore.

Sir,

In connection with Government order No. G.1209-60/Med71-36-13 dated 4-8-1938 and the amendments sanctioned in Government order No. G15-72-615/Med71-36-15 dated 19-8-1938, I have the honor to state that I consulted Dr. Robinson, Medical Officer, Krishnarajendra Hospital, Mysore, regarding measures (copy enclosed). Dr. Robinson informs me that he visualises many small difficulties and prefers that the matter be delayed till after the 15th October (copy enclosed).

I agree that there is much force in his opinion and I shall submit a report later about the actual date of giving effect to the order, after a personal discussion with him

P.T.O.

him during Dasara.

I have the honor to be,

Sir,
Your most obedient servant,

B Narayana Rao
Senior Surgeon 9/9

Letter No. 697 dated 7th September 1938 from Dr. J.F.Robinson Medical Officer, Krishnarajendra Hospital, Mysore to the Senior Surgeon in Mysore, Bangalore

---

In reply to your D.O.No.C. 645-11 dated 29th August 1938, I should suggest that the initiation of the scheme be postponed until the 15 th October to get us over the rush and confusion of Dasara.

I can see great difficulty in the working of the Scheme. In regard to police and military what should be done. Are they to be charged the one anna or are they to be referred by their attendant medical officers?

Then there are coolies working on the buildings near by who come in for accidents and have to be treated as emergencies. They often have no cash with them. Yet, there will be endless trouble from auditors questions as to why fees were not collected in these cases and other similar ones.

Kindly let us have your views regarding the working of the scheme.

C o p y "

B Narayanarao 9/9

Senior surgeon

Appendix F G—1]

SUBJECT .....

.....

.....

Diary No. of letter replied to.....1566.....

General and Revenue Secretariat

( )

the *193* .

Date of issue..... 13-9-38.....

Signed by ..... h 13/9.....

Subd. with a Draft.
Dy 13/9 hy 13/9
Issued. 13/9

List of enclosures.....

Copied by .....

Examined by.....

Section Medl.

File No.

Serial No.

No. Q. 2504

To

The Superintendent.
Govt. Press. Bangalore.

Sir.

In confirming the telephone message of to-day. I am directed to request you ~~Sirate~~ upon that Govt. order and office memorandum dated 4th and 10/8/38. respectively re: the fees payable by the out-patients & in-patients attending Hospitals in Bangalore and Mysore need not be published in the Gazette dy 15/9/38.

I have etc:

hy 13/9
For Secy. to Govt.
L. S. & Dept.

hy

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE

General and Revenue Secretariat

Dated, Bangalore, 13th September 1938.

No. G. 2504 ad

From

The Secretary to the Government of His Highness the Maharaja of Mysore,
Local Self-Government Department.

To

The Superintendent,
Government Press,
Bangalore.

Sir,

In confirming the telephone message of to-day I am directed to inform you that Government Order and Office Memorandum dated 4th and 19th August 1938 respectively regarding the fees payable by the out-patients and in-patients attending Hospitals in Bangalore and Mysore need not be published in the Gazette dated 15th September 1938.

I have the honor to be,
Sir,
Your most obedient servant,

C. V. Srinivasa Char.

Secretary to Government,
Local Self Government Department.

for

2083 / 175

Tel. Address: EDUCATION.

DEPARTMENT OF PUBLIC INSTRUCTION.

Postal Address: POST BOX No. 8.

D.O. A5. 2726-193 of 38-39.

BANGALORE,

Dated...October...19....193 8

M. V. Sundaresan, M.A., L.T.,
Second Assistant to the Director of Public Instruction.

19 OCT. 1938

Fin 2215-

Dear Sir,

I am desired to request you to kindly supply about 30 copies of the marginally noted Government Order for distribution amongst the several Officers in the Department.

G.O.No.G.1209-60/Med. 71-36-13 dated 4th August 1938 -- Fees payable by the out-patients and in-patients attending Hospitals in Bangalore and Mysore Cities.

Thanking you for an early compliance,

Yours sincerely,

M V Sundaresan
19.10.38.

This will be sent to the Fin. Branch (medical section) for necessary action & 19/10/38.

The Assistant Secretary to Government,
Local Self-Government Department,
General & Revenue Secretariat,
Bangalore.

S. N. Manik
19.X.38

MYSORE MEDICAL DEPARTMENT

Telephone **No. 2462.**
Telegrams: Senorgen.

No. C645-45
Enc. one.

OFFICE OF THE SENIOR SURGEON IN MYSORE,
Bangalore, dated the 2 : 11 : 1938.

Pu 2576

From

Rajasevasakta
B. K. NARAYANA RAO, Esq., B.A., M.B.C.M., M.R.C.S. (Eng.), D.P.H., D.O. (Oxon).,
Senior Surgeon with the Government of H. H. the Maharaja of Mysore.

To

The Secretary to Government
of H.H. the Maharaja of Mysore,
L.S.G. Department, Bangalore.

Sir,

With reference to Government order No. G. 1209-6/mis 71-36-13 Dated 11th August 1937, passing orders regarding the levy of a uniform fee of one anna for patients who resort for treatment in the major hospitals in Bangalore and Mysore I have the honour to state that these prposals are likely to be introduced in the several institutions by about the middle of third week of this month. For the proper working of the scheme it is absolutely necessary for the Medical Officers of the Local Fund Dispensaries to issue separate reference slips to such of those patients who are referred for expert advise in the bigger institutions. For this a new type of reference slips would be necessary.(as per sample copy enclosed). I request you to kindly obtain sanction of Government for getting 10,000 such slips printed at the Government Press and supplied to this department free of cost, so as to enable an early introduction of this scheme. As the scheme is being introduced as an experimental measure it will have to be ascertained as to how many such slips would be required per month. After watching the scheme for about three months a further reference for the supply required for a whole year will be made to Government.

I request very early sanction of Government.

I have the honour to be,
Sir,
Your most obedient servant,

B/Narayana Rao
Senior Surgeon.

Appendix F G—1]

SUBJECT.....

.....

.....

Section 74
File No. 36
Serial No. 14

Diary No. of letter replied to .....

No. Bangalore G. 4162/Genl (1)

To The Supt-Govt-Printing.

General and Revenue Secretariat

( )

the *193*

Date of issue 5-11-38

Signed by Mr. C.S.S.C

Sir,

I am directed to authorize the printing and supply of 10,000 forms as per sample to the Secretariat urgently at a very early date as the forms are required in connection with the introduction of the revised scale of fees in the Hospitals in Bangalore & Mysore cities.

I have etc

for

Secy to Govt

List of enclosures.....

Copied by.....

Examined by.....

WD 0278—GPB—30,000—4-3-38

P.T.O

78) G. 4163 9 5-11-38.

Copy filed W.C to the Secretary
Surgeon in Charge for information
and file to this date No.
C 645-45-8 2.11.38

B.S.

By
W Secretary
D.S.G.

Appendix F G—1]

SUBJECT .....

.....

.....

Diary No. of letter replied to .....

General and Revenue Secretariat

( )

the *193* .

Date of issue 26/11/38

Signed by P u D I
Mr. C.S.S.C

List of enclosures .....

Copied by .....

Examined by .....

Section Med

File No. 71-36

Serial No. 15

No. G. 5222/Med 50 copies.

To The Second Asstt to the
D.P.I.

Sir,

With reference to your
letter No. A 5-2726-193 7/38-39
d 19.10.38, I am directed to
send herewith 30 copies of the
G.O No. 1209-60/Med 71-36-3
d 4.8.38. together with 30 copies
of G.O. No. G 15-72-61/Med 71-36-15
d 19.8.38.

I have etc.

by
for Secy to Govt
L.S.G. Dept

WD 0278—GPB—30,000—4-3-38

12/11

GOVERNMENT OF HIS HIGHNESS THE MAHARAJA OF MYSORE—

General and Revenue Secretariat

Dated, Bangalore, 21st November 1938.

No. G 5222/Med 71-36-15 26.11.

From

The Secretary to the Government of His Highness the Maharaja of Mysore,
Local Self-Government ~~Development~~ *Department.*

To

The Second Assistant to the Director of
Public Instruction, Bangalore.

Sir,

With reference to your letter No.A.52726-193. of 39-39 dated 19th October 1938, I am directed to send herewith 20 copies of the G.O. No.G.1209-60/Med 71-36-13 dated 4th August 1938 together with 20 copies of O.M. No.G.1572-61/Med. 71-36-15 dated 19th August 1938.

I have the honour to be,
Sir,
Your most obedient servant,

For Secretary to Government,
Local Self-Government Department.

Aga/2.

Internal Economy of Government Hospitals.

Certain suggestions made by Lt. Col. H.G. Dyer.

Suggestions made in Lt. Col. Dyer's Report.	Opinion of the Senior Surgeon.	Secretariat Notes.
1. Revision of the system of hospital accounts so as to bring into line with the system of analysed Expenditure adopted in Great Britain.	The aim is to provide for the maintenance of data as to the cost per occupied bed to serve as more basis for comparison. The need for comparative assay is not so insistant in the State as to call for a complete overhauling of the existing account system.	I think it is worthw having a record as t what each inpatient outpatient costs to state in several mai hospitals of the Sta
2. Arrangements for the satisfactory supply of milk to Hospitals.	Is in favour of the establishment of a Government Dairy Farm consisting of 200 Head of cattles and suggest that the Director of Agriculture may be requested to formulate a practical scheme for the consideration and orders of Government.	The Director of A culture may be addre in the matter. (2d) The Tata Silk Far proposed to be acqui for making sites wou an ideal site for th Dairy Farm as it is enough to the Hospi and yet just outsid city with possibili for future expansio
3 Contract for the supply of Diet and other articles to Hospitals. To call for the tenders centrally for the combined hospitals.	This procedure has already been adopted for the Hospitals in Bangalore City.	
4. Levy of a fee (a) From that class of patients who now evades payment. (b) from those who [illegible]	Fee for outpatients. 1) All the branch Dispensaries in Bangalore City be thrown open for free treatment to outpatients, the present outpatient fee of 0-2-0 per day being charged in these Dispensaries to be raised to 0-4-0 per day for outpatients in the Victoria, Vani Vilas and Minto Ophthalmic Hospitals in Bangalore, and in the Krisumarajendra Hospital, Mysore. Revenue expected Rs. 18,000/- 3) The indigent poor patients (Out patients) may claim an exemption from the payment of the fee, if they have already visited the Branch dispensaries and are specifically referred to by the Medical subordinates in charge to one of the major hospitals in question. (c) Inpatients (General Wards) Levy of a uniform rate of fees at 0-2-0 per day to all patient irrespective of their income in the General Wards. Institution of a "Pauper Ward" specifically designated as such for the admission of indigent persons. Special Wards. The rate of fees in the special wards 1st and 2nd class may remain at the existing rates.	The present rate payable in the pati patients are (a) For those whos is above Rs. 100/- (b) For those whos is between Rs. 50/- annas two a day. (c) Free treatment case of those who c come is less than month. Ditto as Senior Surgeon's will give an incom per annum while no now and are worth This may help in o out-patients Depar these hospitals an attention to out-p The existing rat for a bed is annas charged for in the and their dependen is above Rs. 50/- p This is advocate also and may be ad more equitable. The Existing rate 1st class pa a day. 2nd class pa a day.

Orders of 2nd Meeting of Council

(a) It may not perhaps be necessary or convenient to overhaul the entire hospital system of accounts in order to have a continuous record of the average cost per occupied bed and out-patient treated. But it should be possible for the Senior Surgeon to make a rough and ready analysis of the expenditure of the major hospitals and indicate in the Administration report, how these unit costs compare for the several hospitals and from year to year. The Senior Surgeon may be further consulted in the matter.

(b) Previous enquiries do not show that a Government dairy farm can be economically managed. The question of milk supply to the city of Bangalore has been investigated by a Special Committee and its recommendations are beingseaparately considered. Meanwhile, I think the system now in vogue in Bangalore, viz., that of obtaining milk from a Co-operative Society is fairly satisfactory. I believe a Veterinary Inspector is deputed to inspect the cows when they are brought to the hospital for milking and to make sure that there are not diseased. Arrangements may perhaps be made for inspecting the cow stalls also periodically and for advising the owners with regard to the improvement of the conditions of stalling and feeding the cattle. The Registrar of Co-operative Societies may be asked to take needful steps in the matter in consultation with the Director of Agriculture.

Item 4. (1)(b)

(c) I am inclined to agree with the Senior Surgeon that treatment in the dispensaries in Bangalore might be made free and that, subject to the specified exceptions, a fee of one anna per out-patient might be levied in the Victoria Hospital, Vani Vilas Hospital and the Minto Ophthalmic hospital in Bangalore and the Krishnarajendra hospital in Mysore. Before however, taking further action in the matter, it is advisable that the proposal should be placed before the StandingCommittee for Local Self Government for opinion

Item 4.(1)

(d) The proposal to levy a fee at a uniform rate of annas two per day on inpatients (other than paupers) may also be referred to the Standing Committee.

No.	Suggestions made in Lt.Col.Dyer's report.	Opinions of the Senior Surgeon in regard to the suggestions.	Secretari
			The rates in t Hospital, Bang 1st Class War 2nd Class War 3rd Class War
	The Services of a Junitor may be made use of to investigate the statuxx of patients and their capabilities of payin fees.	The consideration of this question may wait.	
	The Bed head tickets of patients should be initialled daily by the Medical Officer so as to keep the diet prescribed under daily supervision.	This practice is in vogue in our hospitals.	
	Nuns should be employed for supervising the kitchen and feeding arrangements, as women are more suitable for this duty than men.	xxxxxxxxxxxx At present, nuns are employed in the Krishnarajendra Hospital. The arrangement may be extended to the Victoria and the Vani Vilas hospitals Bangalor	The Senior asked to te Theone of be Nuns certain soci like the Civ progress Ass evinc an in their help w used.

Notes. Orders of the [illegible] 2nd Member [illegible]

[illegible] Vani Vilas
[illegible]lore are:-
Rs. 4/-per bed
Rs. 3/-per bed
Rs. 2/-per bed

[illegible]geon may be
[illegible] action.
(24) M.C.S.
[illegible]cessarily
[illegible] ladies in
[illegible]l organizatio
[illegible]c and Social
[illegible]ciation.
[illegible]erest in this work
[illegible]y also be uti-
(24) O.H.M.

(e) With regard to the recommendation regarding the employment of nuns, I shall be glad to know how the system is workingin the Krishna-rajendra Hospital and what extra cost it involves.

MEDICAL INSTITUTIONS - MADRAS CITY.

Report of Lieut.Col. H.G. Dyer, R.A.S.C. (Retd.) appointed Lay Secretary under the provision of Madras Government Order No. 1567(9-S) P.H. dated 24th June 1936.

I took up my appointment on the 17th July 1935. I found myself concerned with the Non-Technical organisation and expenditure of the following eight Hospitals and Institute.

Government General Hospital,
" Rayapuram Hospital
" Rayapettah Hospital,
" Women and Children's Hospital
" Ophthalmic Hospital
" Tuberculosis Hospital
" Victoria Caste and Gosha Hospital
The King Institute, Guindy.

I understood that my appointment was intended to fulfil two purposes:-

(a) to effect economy

(b) to relieve the Hospital Superintendents of a proportion of their Non-technical duties in order that they would be able to devote more time to their professional work.

It was left to me to devise the most suitable method of attaining these objects. Two important factors very early became apparant.

(i) That each Hospital was already in possession of its sanctioned budget allotment for the current year; with the unquestionable right to apply such sums within the scope of any specified allotment. Thus any saving in expenditure on a particular item would inevitably tend to be diverted to expenditure on other items and not to a surrender of unexpected funds at the end of the year.

As no hospital is ever in the happy state of being

completely equipped with the latest requirements of medicine and Surgery, the reluctance of the Hospital Superintendents to surrender funds is readily understood.

(ii) The degree of financial stringency being unknown it would be no easy matter to decide to what extent funds, already alloted, could be considered superfluous.

POSSIBILITIES OF CENTRALIZATION.

The first avenue of possible economy to present itself was centralization. A visit to each Hospital very soon convinced me that such a scheme is wholly impracticable. The distances of the seven Hospitals from any central spot immediately introduces the question of transport and its attendant maintenance charges. Further more an increase in the establishment of store-keepers would result from the fact that it would always be necessary to retain a Store-Keeper at each Hospital to receive and issue, as well as additional Store-keepers for any central Store.

Centralization of lay administrative services of Hospitals was successful in Bombay in as far as four Hospitals were concerned; but those four hospitals were situated in one large compound and not divided by any highway. It was possible, therefore, to establish a central Stewards Office, provision stores, Kitchan, Linen stores etc., the immediate effect being a reduction of staff and better supervision.

Such combination in Madras, even between the only two hospitals which are in anyway near to each other i.e. the Women and Children Hospital, Egmore and the Government Ophthalmic Hospital is obviously impossible owing to the intervention of two public highways.

Whilst it may be taken as a general rule that departments such as Diet and Kitchens, Linen Store, Dispensaries, Provision Stores, and Stewards Offices must be situated within the immediate precincts of any Hospital, there are possibilities arising from expediency rather than economy, of centralizing laundries and dairies. Such possibilities are reserved for

embodiment, later on, in my report.

DUTIES OF LAY SECRETARY.

A centralization of Lay administrative services being considered impracticable; the question arises as to the direction in which the services of a Lay Secretary can be utilised to the best davantage.

Under the provision of the Financial Code the Siperintendent of a Government Hospital is the disbursing Officer. It follows therefore, that a Lay Secretary, if he is to control expenditure in any Hospital, must become a disbursing Officer.

Without a centralized system it is not possible for one person to assume the duties of disbursing Officer to more than one institution. His function, then, in respect to more than one hospital, can only be advisory and critical; in short, he becomes an inspector of lay duties, but in no way a controller of expenditure.

His activities, again, are unlikely to relieve the Superintendent of any duties.

In respect of any one particular hospital it would seem essential, unless the present system of control is to be altered that a Lay Secretary must work under the direction of the Superintendent, the latter still being responsible for expenditure.

Just as the internal administration of a voluntary hospital in Great Britain is vested in a House Committee of which the Secretary-Superintendent is the Secretary, so is the internal administration of a Government Hospital in India vested in the Superintendent. If the services of a Lay Secretary are required for one Hospital in particular, the, in my opinion, he should act as the Secretary of a House Committee or, if the present organisation continues, of the Superintendent.

It is clear that there must be one controling authority only in a Hospital, for both internal technical and lay administrative matters, whether it be a committee or an individual. It is not practicable that one man controls the treatment of patients and another man is responsible for the expenditure involved

Applying these principles to the Madras City Hospitals at alternative seems to be:-

(a) A Lay Secretary who carries out the function of Secretary subordinate to the Superintendent of the General - Hospital and at the same time acts as Inspector of lay duties of the other Hospitals and King Institute under the orders of the Surgeon General. A case of serving two masters and for this reason not to be recommended.

(b) Secretary to the Superintendent or House Committee of the General Hospital without additional duties. There is ample scope for such an appointment.

(c) Inspector of lay duties of all Government Hospitals under the orders of the Surgeon General and operating from the Surgeons General's Office, an appointment which would appear also to offer considerable scope for the analysis and comparision of expenditure; centralized purchase and standardization of hospital equipment; centralized contracts etc.

My personal recommendation is that alternative (b) should be given the first consideration. The number of patients dealt with at the General Hospital is equal to the largest Hospital in Great Britain i.e. the London Hospital. When it is realised that the internal administration of that Hospital is carried out by a House Committee, eight sub-committees, a House Governor; Secretary and an Out-patient Superintendent etc., it is abundantly clear that the internal administration of the General Hospital, Madras calls for more control than could be exercised by an unassisted Superintendent who, at the same time, is required to carry out, not only professional duties but professional duties at a Medical College as well. I would further recommend that such a Secretary be resident in the Hospital.

Method adopted in carrying out the provisions of Madras Government Order No. 1567 (P.S.) P.H. dated 24th June 1935.

The General Hospital being by far the largest Hospital and in order to gain an idea of local conditions, I judge that I could not do better than commence work there, and with the

with the knowledge gained and after two months' experience, to visit each other Hospital in turn.

My first intention was to gradually relieve the Superintendent of the General Hospital of his Non-professional duties; but it soon became clear that a division of responsibility was not feasible. The Superintendent being the authorised disbursing Officer and responsible for all expenditure, he could not be expected to delegate his authority to anybody else, further such a division of responsibility is not recognised by the Financial authorities.

As it was necessary for me to get an insight into procedure and expenditure, I was enabled by the courtesy of the Superintendent, to have free access to all books, accounts correspondence and departments of the Hospital; also, by taking over some of the lay rputine work, usually delegated to the Resident Medical Officer, I was able to maintain a constant scrutiny of the daily expenditure of articles of diet and non-dietable articles.

Although my intention of relieving the Superintendent of a portion of his duties was frustrated, I have been able to obtain sufficient information for the purposes of a report on lay administration.

After about two months working exclusively at the General Hospital, I started my visits to the other Government Hospitals in Madras City, making the General Hospital my Head Quarters.

Several days were spent at each Hospital in turn. Certain matters affect the Government Madras Hospital in General and with these I propose to deal first.

SYSTEM OF ACCOUNT.

The only standard by which the expenditure on a hospital can be gauged is by the cost per occupied bed.

Out of the seven Government Hospitals in Madras (excluding Government Mental Hospital) only one - The Tuberculosis

Tubersulosis Hospital is in a position to supply such a figure- the reason that it can do so is, that the Out-patient Department is seperated from the Inpatient Department.

The daily average attendance of out-patients at the seven Government Hospitals in Madras City has increased from 2534 in 1930 to 3220 in 1934 a difference of 686 per diem.

The general tendency is to increase facilities for treatment of out-patients - the General Hospital already has nine out-patient departments and it is within the bounds of possibility that within a few years it may be brought into line with Western ideas when the special a nd general Departments may be expanded to something approaching fifteen. I have roughly estimated the present expenditure on the General Hospital out-patient department to be about Rs. 1,00,000/- per annum. The desirability of keeping this class of expenditure distinct from expenditure on in-patients is very obvious.

The custom of having one common dispensary for both in and out patients militates against keeping of separate accounts. Furthermore this state of affairs is recognised in the Civil Medical Code, Madras. It is specifically stated that an outpatient prescription book is not necessary.

Classified and distinct expenditure for both in and out patients is, after all, only an elementary principle of business. No motor business, for example, would keep a combined account of expenditure for both its sales and workshop department. I suggest that the system of hospital accounts requires to be completely overhauled and brought into line with the modern system of analysed expenditure adopted in Great Britain.

This system is known as the "Revised Uniform System of Hospital Accounts" as recommended by the Governing Body of King Edward's Hospital Fund for London. A complete set of account books is obtainable from Messrs. Faber and Faber & Co. 24, Russell Square, London, W.C. 1. From these accounts statistical tables of expenditure for both "In" and "Out" patients are obtainable, which, needless to say, would be found invaluable for standardizing expenditure for purposes of comparision and

budgetting. The lack of such data, and the impossibility of obtaining it under the present system, has been found a serious handicap in my investigation.

Moreover matters are further complicated by the peculiar code which recognises a "Hospital Statistical Year" as being distinct from the "Financial Year" . The former being from 1st January to 31st December and the latter from 1st April to 31st March.

The first step to an improved state of affairs is the seperation for accounting purposes of the in and out patient departments.

With the exception of the General Hospital and the Tuberculosis Hospital, dispensaries are already congested. The former by some internal remodelling could be divided and the latter is already seperated. The question of providing a seperate in-patient dispensary for the Royapuram Hospital and Rayapettah Hospital is worthy of consideration.

The difficulty of keeping seperate dispensary records at the Ophthalmic Hospital, Women and Childres' Hospital and the Victoria Caste and Gosha Hospital could possibily be solved by the provision of an extra dispensary at each place.

Annual Report on the working of the Civil Hospitals and Dispensaries in the Madras Presidency.

I submit that for purposes of comparision in expenditure statement "G" of these reports is useless; on the other hand an analysed table of expenditure based on the average cost per occupied bed and per in-patient would serve a very useful purpose, for it could be seen at a glance in which direction increased expenditure tends. For example, one finds in statement "G" of the 1933 report that a sum of rupees 2,04,917/- was expended at the General Hospital under the heading "Miscellaneous charges" . Now "Miscellaneous charges" includes such mixed items as Travelling Allowqnces, Honoraria, Rates and Taxes, Electric current, Telephone charges, Bedding and Clothing, Hospital Necessaries which include, in turn,

surgical dressings and petty supplies. If some comparison was required with the expenditure of, say, the King George Hospital Vizagapatam it conveys nothing to know that that Hospital - expended Rs. 23,537/- on "Miscellaneous Charges.". On the other hand, if the various classes of expenditure were tabulated under such suitable headings as Provisions, Surgery and Dispensary Domestic, Establishment, Salaries and Wages etc., a comparison of the cost per occupied bed per annum would be extremely useful.

SUPPLY OF SERA AND VACCINES. The system prevails in Madras of supplying Hospitals with free issues of Sera and vaccine from the King Institute, Guindy. The considerable sum of Rs.45,324/- represents the cost for 1934-35 for vaccines and Sera supplied to the Government Hospitals, Madras City. Some Hospitals keep an account of receipts and issues , others do not.

I believe I am right in saying that this system is peculiar to the Madras Presidency. In other Presidencies Sera and Vaccine have to be purchased locally by Hospitals out of their Medicine grants, and at considerably higher rates than are charged by the King Institute. As many of these products are curative they should undoubtedly be taken into account in any estimation of expenditure on Medicines - also in view of the fact that it is not customary to keep accounts of Medicines issued to Out-patients the desirability of introducing a seperate control over the expenditure on out-patients' becomes further stressed.

Supply of milk. During the financial year 1934-35 the total quantity of milk consumed in the eight Madras City Hospitals amounted to 13,38,205 pints value Rs. 1,59,106/- - average rate per pint Rs. 0-1-11. The present contract rates average Rs.0-1-9-3/16 obtained by auctioning the milk tenders. The present market rate is about Rs. 0-2-5 per pint.

The propriety of auctioning tenders for such commodity as milk seems to me to be very questionable. It is the staple article of diet for Hospitals, its quality and purity are affected by both the quality of fodder, and pasture provided for the cows; and the conditions under which the cows are kept; yet the hospital authorities have no control over either factor.

Contractors are not, necessarily dairy men, but may simply exploit any individual who owns a cow.

The cows at some hospitals are brought to the - Hospital for milking at stated times; - in such cases nobody knows from what insanitary conditions the cows may come from, nor would anybody, except perhaps the contractor, know how the cows are fed

In other cases the contractor is permitted to keep cows within the precincts of the hospital, where perhaps, a slight amount of pasture can be found.

This practice though tending to keep the cows more under the eye of hospital authorities than in the former case, cannot be considered satisfactory either. With the best - supervision there would appear to be hygienic objection to keeping a large number of cows in hospitel grounds. Cow sheds engender flies.

In times of drought the price of fodder must rise and it is not clear how the cow owner who, owing to the contract rate, which, in turn, is considerably less than the market rate could afford to feed his cows on anything more than rubbish. (I exclude the Co-operative Milk Supply Union from this stricture; they contract at Rs. 0-2-3 per pint for the Women and Children's Hospital and the Mental Hospital - the average rate for the remaining hospitals is Rs. 0-1-7-5/12 per pint).

The actual milking is performed by the owner of the cow who, possibly lives in insanitary conditions - neither his clothes or body which comes into contact with milking vessels are likely to be sanitary either.

Milking operations at the General Hospital, for instance occupy four hours of the day; it is not possible therefore, for the work to be supervised by a Medical Officer - it falls to the milk shed clerk to exercise the supervision. This cannot be called expert supervision, for the clerk may not know a sick cow from a healthy cow.

As a matter of fact at the General Hospital, arrangements exist for a veterinary Officer to visit the cow sheds once a week but this is no guarantee that a cow rejected on the day of

of a visit will not be produced the following day.

In short, while those precautions which can be taken are taken, (such as sterilization of vessels, boiling of milk and periodical analysis of the milk), yet, there still remains many objectionable features to the present system.

Summarised they are:-

1. Lack of control over and ignorance of the conditions in which cows are kept.

2. Lack of control over the personal cleanliness and health of milkers.

3. Lack of skilled supervision over milking operations.

4. Danger of failure of milk supply during a severe drought owing to the inability of the owner to provide a sufficient fodder for his cows.

5. Objection, from a hygienic point of view, to cows and calves remaining for long periods or permanently in the precincts of a hospital.

6. The atrociously cruel practice of Madras cow owners deliberately starving those calves, which may be without economic value, to death; (though making use of the calf, while it lives, to indice the cow to give its milk).

This is general amongst cow owners who are associated with Hospital contractors.

At one hospital I counted eight stuffed calves and four calf skins amongst 23 cows being milked which speaks for the mortality from the cause referred to.

The anomaly of this on the one hand and the efforts of the Madras S.P.C.A., under most distinguished patronage, on the other hand, would add to any points in favour of an alteration of system.

The question of a Government Dairy farm for Madras was considered in 1921 but dropped owing to financial stringency.

I would strongly recommend that the matter be now reconsidered.

A constant annual consumption of over 13,00,000 pints of milk on which is spent over 1½ lakhs of rupees by the Government

hospitals alone, would appear to offer a sound financial basis for such a scheme.

Apart from insuring a suitable supply of milk at all seasons to hospitals; I presume that such an institution could be put to valuable economic uses by the Department of Agriculture.

Basing my system on figures of a scheme put up by the health Officer of the Municipality of Madras in 1931 for a Dairy farm of 100 animals, I arrive at the following particulars.

If 100 acres of pasture land could be furnished by Government then by the capital expenditure of about Rs. 86,000/- a herd of 180 cows; cattle sheds; quarters; milk van; implements etc., could be provided, which outfit would be sufficient to supply all Government Hospitals with milk. The recurring expenditure for salaries fodder, petrol etc. would amount to about Rs. 60,000/- .

As Rs. 1,50,000/- is spent annually under the contract system, one year under dairy farm supply should save Rs.90,000 which would cover the capital expenditure.

These figures are sufficiently inviting to call for a thorough examination of the project by experts- especially concerning capital expenditure and cost of for subsequent years.

Apart from the remedies that would be afforded for the objectionable features of the contract system, substantial profits would appear likely to accrue, to the Government and much valuable hospital ground, at present taken up by cow sheds would be released for other purposes.

N.B. The data on which my figures are based are ½ acre pasture land per cow (minimum) milk yield 3 Madras measures (9pints) per cow for 75% herd per day (1st year)

CONTRACTS.

There is not the slightest doubt that the system of auctioning tenders has , so far produced "bedrock" rates but one is left with the uncomfortable doubt as to whether the system is a correct one to supply to food contracts. Human nature being what it is, it is unlikely that the method will produce goods of

exceptional quality. In these days when dietetic therapy is largely practiced in hospitals, the importance of maintaining the highest standard of food value possible, is apparent. There is no doubt that the auctioning system is regarded with distrust by Superintendents of Hospitals.

It is obvious that bidding introduces the element of gambling and there is therefore the danger that a tenderer (who has arrived at the auction with the intention of keeping his bids within a carefully considered limit) may be led, in the excitement of the moment, into making a bid devoid of economical possibilities or with such a thin margin for profit that the first rise in the market leaves him in difficulties. There have been several such cases, and at the moment of writing, the bread - contractor for the hospitals is endeavouring to get his prices enhanced, or the contract cancelled, on the plea that he is being put to a loss of Rs. 720/- per month due to a rise in price of flour owing to the Italo-Abysinnian war.

I have not heard before of the auction system for tenders being applied to tenders for food stuffs and it seems to me to be a misapplication of a system devised originally for the purchase of non-dietable articles in bulk. I doubt whether any sound business firm would commit itself to maintaining a supply of foodstuffs for a complete year at a tendered price which leaves no margin for a slight rise in price during the year.

The constant and increased vigilance required to enforce a contract, considerably below market rates, and the annoyance and inconvenience caused by a contractor's breakdown, naturally renders the system somewhat unpopular with most of the Superintendents.

At the time of writing two contractors have failed which necessitated re-auctions viz.

1. The contractor for eggs for five hospitals who only carried his contract for two days.

2. The contractor for mutton at the Tuberculosis Hospital

The financial advantage so far is undoubted and as Superintendents have powers to enforce any contract, it is realised that the system must be given a fair trial. If it is fundamentally unsound, as I judge it to be, the shortcommings will become

apparent

by the time the next auction takes place both from the rates then realized, and the number of failures which have taken place during the past year. I have already, elsewhere, suggested that if the auction system be found to fail after a fair trial, the expedient of calling for tenders, centrally, for the combined hospitals simultaneously with the calling for tenders by Superintendents for individual hospitals might be tried.

REVENUE FROM PAYING PATIENTS.

Out-patients. Although the daily average number of out-patients treated in the seven Government Hospitals is 3220 or a total of 11,75,300 per year, there is no income whatsoever on this account.

Unfortunately, owing to the system of accounts, there is no means of arriving at the actual cost of the various out-patients departments. I have, though, been able to arrive at the approximate figure Rs. 1,00,000 as the annual cost of the out-patients - department of the General Hospital. It would not be unreasonable to assume that for seven hospitals the costs are at least Rs. 2,50,000/- . A charge of only pies six per patient per each day of attendance would produce an income of Rs. 36,728/- per annum.

IN-PATIENTS. Exclusive of the Special wards at the General Hospital that is to say, in the General wards, I estimate that the paying patients only comprise of 6.4%. The other 93.6% pay for nothing.

The average cost per patient per day is about Rs.3-14-5.

Apart from Government servants, it may be taken as a general rule that only those patients who are employees and in receipt of a monthly salary from some known firm, contribute anything. Although 93.6% of patients in the general wards claim the privilege of paupers, it is difficult to believe that such a percentage are incapable of paying anything. Even if everything else is given free it would seem not unreasonable to ask a patient to pay either one anna or two annas per day towards his food; the latter sum would only be some 3% of his cost to Government, but would produce an income of some Rs. 80,000 per annum from the seven City Hospitals - (it may be taken that the situation as regards the percentage of non-paying patients is much the same in all

hospitals)

It will not be out of place to mention here that in the London Hospital, which serves some of the poorest quarters of London 90% of the patients provide their own tea, sugar and butter.

I am of opinion that the scale of charges as approved for inpatients with an income of between Rs. 50/- and Rs-100/- per month and not entitled to free medical attendance, is too high.

I would recommend that the charge for any patient with an income of less than Rs. 100/- per month should be annas 2 per day. My reason for this is that two annas per diem is about the lowest cost per head for sustenance for a person contributing to a family meal which figure seems a sounder standard to work on than a montly income especially as many patients who enter a Hospital cease to earn from the day they become unfit to work.

I would further suggest that any patient unable to pay annas two per day should be considered as destitute and accommodated in a pauper's ward.

I do not mean to implify that treatment in the suggested pauper's ward would be inferior to that of a patient who pays - annas two, but the fact there being a pauper's ward would offer an incentive to contribute something for that class of patients who, though capable of payment, evades it. This class of person though claiming the privileges of a pauper would probably hesitate to be associated with the pauper ward.

~~An~~ collection of fees, as carried out at present, cannot be said to be successful, a good deal of possible revenue is, I believe, lost. If my suggestions are thought worthy of consideration, I would add my recommendation that, as an experimental measure the services of a Janitor are made use of in the General Hospital preferably a retired member of the Police force who is well acquinted with the City and people - who should be entrusted with the collection of fees from out-patients, and the lesser fees from inpatients, in the General wards. The time taken in investigating the status of patients and their capacity of paying calls for a whole time man.

The question of fees seems to be a serious matter, the expenses of treatment and amenities in Hospitals always tend

to increase - the attitude of the general run of the poorer class of patient is that they are under no obligation whatever to contribute anything towards their stay in hospital. There seems to be a danger, if this attitude is condoned, that custom will eventually develop into a right. For this reason I cannot help thinking that the insistance on, even insignificant, fees is a better policy than to waive all claim on account of over 90% of Hospital patients. As the matter is one having Social, Economic and moral aspects and affects a very large class of the community the Government might possibly consider the advisability of taking the opinion of an advisory committee on the question.

D I E T .

The following is the average cost of diets per head (exclusive of special wards at the General Hospital) at the various Hospitals visited by me.:-

	Rs.	As.	P.
General Hospital	0-	6-	3
Women and Children's Hospital	0-	6-	2
Tuberculosis Hospital	0-	6-	0
Rayapettah Hospital	0-	4-	10
Rayapuram Hospital	0-	4-	9
Victoria Caste and Gosha Hospital	0-	4-	1½
Ophthalmic Hospital	0-	3-	7½

Whilst one would expect diets of the Women and Children's Hospital and the Tuberculosis Hospital to be higher proportionately than other hospitals, on account of the amount of milk included in maternity and T.B. diets; one, naturally, looks for the reason why the cost at the General Hospital should be higher than at the Rayapuram Hospital, where the same scale of diet is in use.

An investigation into the proportions in which the standard class of diets are used at each Hospital reveals that whereas the General Hospital prescribes only of 6.13 % of ordinary diet and 23.2 % of Bread and Milk diets, Rayapuram Hospital prescribes 31.5 % of ordinary diets and 17.2% of Bread and Milk diets.

As these two forms of diet are the cheapest it is apparent

that the General Hospital employs them only to the extent of 29.15% against Rayapuram's 48.7%. The most expensive convalescents diets are in use at the General Hospital to the extent of 68.9% against Rayapuram's 39.7%.

A further important aid to economy was noticeable as being practiced at Rayapuram Hospital but neglected at the General Hospital viz. the bed head tickets of patients at the former hospital are initialled daily by a Medical Officer and thus the diet prescribed is kept under daily supervision whereas the practice at the General Hospital is that, the bed head tickets are only initialled by a Medical Officer when a change of diet is ordered, or at the end of the month, or, when the patient is discharged from hospital.

It is not uncommon at the General Hospital to find a bed head ticket on which a diet of extras has been prescribed at the begining of the month, running through the complete month and bearing the Medical Officer's initials only on the first day and last day.

The practice of initialling bead head tickets daily is carried out at each of the other hospitals I visited, and the omission to do so at the General Hospital leaves one with the impression that opportunities may thereby be overlooked of bringing a patient on to a cheaper form of diet at the earliest appropriate occasion.

The cost of diets at Rayapuram, Rayepettah, Gosha and Ophthalmic Hospitals strikes one, as being most economical.

The question of diets generally, at the General Hospital was discussed, in August, at the meeting of a Diet Committee assembled by orders of the Superintendent. I pointed out to the committee that the ordinary and cheapest form of diet was practically obselete and that the majority of patients were being dieted on a system of extras with a monetary limit of annas eight per diet, and that the result of this system was, enormous increase in clerical work (seperate ingredients having to be calculated instead of complete diets) and that it tended to be more expensive.

I suggested a form of standard "intermediate" or convalescent diet based on those items most generally used when extras were prescribed. The Committee however, stressed the importance of Medical Officers being as free to prescribe individual diets as individual medicines when dealing with acute diseases; and drew attention to the fact that the General Hospital was primarily a teaching institute and that further standardization of diets would serve no useful purposes. As I considered this expression of opinion to be sufficiently authoritative I proceeded no further in the matter.

The Committee further suggested the employment of Nuns to supervise the kitchens and feeding arrangements. I am fully in agreement with the idea that women are more suitable to supervise kitchens and diet arrangements than men.

The question of employing Nuns at the General Hospital was therefore resubmitted to the Surgeon-General. (The matter had previously and before my arrival in Madras, been referred to the Surgeon-General, but action was, by his orders, deferred till a Lay Secretary was appointed) and is still under discussion.

If the suggestion is not approved, the advisability of following the custom of some English Hospitals and placing the diet arrangements under the Matron Superintendent, assisted by a (sister) food supervisor or House keeper, might be considered.

There is much to be ~~said~~ for such a system, food and kitchens are domestic matters and more within the province of women than men, furthermore, the liason between Medical Officer ward sisters, patients and the diet supervisor is closer through the Matron Superintendent than any other official. In makinng this suggestion, I take it as a first essential that the Food supervisor is a person fully qualified in cookery, and experienced in catering; Office management; and accounts.

Though neither plan is likely to result in immediate economy, either innovation should lead to more palatable and better served food and better supervision; by the former it is

possible that the cheaper scales of diet will find more popularity with the Medical Officers prescribing diets than at present, and by the latter fresh opportunities for economy should present themselves from time to time.

MEDICINES AND DRESSINGS.

As already mentioned, there are no seperate accounts kept for inpatients and outpatients Departments. I have been enabled however, to arrive at the approximate figures for drugs etc., issued in the out-patient department of the General Hospital owing to the fact that at the Dispensary of that hospital there are seperate dispensing staffs for in and out patients - it is a matter therefore of seperating stocks and starting an account of drugs issued to out-patients.

At the other hospitals the same staff is employed for both in and out patients, so it was not feasible to seperate the limited staffs or keep seperate accounts. Moreover the seperation of stocks, in the already conjested dispensaries, would be out of the question.

In these circumstances for the purposes of a comparison of costs between the various hospitals I have been reduced to the expediency of adopting a combined cost per head per "In" and "Out" patient.

The result is as follows:-

Cost per head (In and Out-patients combined) in druges dressings, Sera, Vaccines and Instruments - 1934-35.

Hospitals	No. of In and Out patients	Expenditure of Medicines, Dressings etc.	Cost per head.
General Hospital	1,39,833	Rs. 1,28,778	0-15- 9
Rayapuram Hospital	1,22,701	" 57,625	0- 9- 6
Women and Childrens Hospital	42,668	" 25,952	0- 9- 8
Rayapettah Hospital	60,716	" 16,312	0- 4- 3
Tuberculosis Hospital	10,043	" 5,533	0- 8-10
Ophthalmic Hospital	37,592	" 7,166	0- 3- 1
Victoria Caste and Gosha Hospital	35,959	" 5,463	0- 2- 2

The majority of In-patients, being acute cases, the expenditure in Medicines etc., is naturally higher for them than out-patients, therefore the combined cost per head should tend to decrease proportionately as the Out-patients increase.

The following shows the proportion of Out-patients to the In-patients at each hospital:-

Rayapettah Hospital	16.9	out-patients to	1	In-patient
Tuberculosis Hospital	11.2	"	1	"
Rayapuram Hospital	10.6	"	1	"
General Hospital	7.8	"	1	"
Ophthalmic Hospital	7.5	"	1	"
Gosha Hospital	5.2	"	1	"
Women and Children's Hospital	3.3	"	1	"

Omitting the Tuberculosis and Ophthalmic Hospitals which are special hospitals and offer no comparision, some comparision may be looked for between the General, and Rayapettah Hospitals and also between the Gosha and Women and Children's Hospitals. In the former case one expects to find the following order of cheapness.

1. Rayapettah Hospital	Actual rate	Rs.	0- 4- 3
2. Rayapuram Hospital	"	"	0- 9- 6
3. General Hospital	"	"	0-15- 9

In the latter case one expects and finds that the Gosha Hospital (rate Rs.0-2-2) is cheaper than the Women and Children's Hospital (rate Rs.0-9-8). The wide divergence of rates, however, is not fully accounted for by the difference in the proportion of In and Out patients at each hospital; Generally speaking the more elaborate the Hospital the more will be the cost of treatment.

It will be of interest to compare the Surgery and Dispensary expenses of the General Hospital, Madras, with the London Hospital and some of the City and Provincial Hospitals in Great Britain. It happens that there is not a great deal of difference in the number of "In" and "Out" patients treated at the London Hospital and the General Hospital, Madras. The figures for the London

Hospital have been taken from the Official Report of that Hospital for 1933.

COMPARATIVE STATISTICS.

	London Hispital	General Hospital
Operations	7,691	6,440
Out-patients	1,60,099	1,24,075
Average daily in-patients resident during the year	678	654.43
No. of In-patients admitted during the year	14,515	15,758
Expenditure in the drugs, Chemicals, disinfactants etc. in Out-patients	£ 5,519	£ 5,512 (Rs.73,566)
Expenditure in Dressings and bandages etc. in and Out-patients	£ 4,165	£ 2,633 (Rs.35,115)
In-come from inpatients and contributory schemes	£ 54,358	£ 3,654 (Rs.48,778)

Whilst European propriety medicines are at least 32½ % dearer; pharmaceopia drugs and most dressings are actually cheaper in India than in England.

The London Hospital has a much more elaborate Out-patient organisation consisting of General out-patients department and a special Out-patients Department consisting of 13 sub Departments. The cost of appliances and instruments therefore is unlikely to offer a useful comparison - nevertheless I give the figures. London Hospital £ 6,622. General Hospital £.1,528 (Rs.20,382) whilst the expenditure on drugs, Chemicals and disinfectants is 1/43 of the "ordinary" expenditure at the London Hospital; it is 1/9 of the ordinary expenditure at the General Hospital, Madras.

MEDICINES, DRESSINGS, WINES AND SPIRITS,
SERA AND VACCINES.

Cost per occupied bed at the General Hospital.

Expenditure on drugs and dressings, Instruments appliances and sundries.	Rs. 1,10,128
Sera and Vaccines	22,933
Wines and Spirits	1,836

Total	1,34,897.
Deduct expenditure on Medicines etc. for Out-patients.	20,112
Approximate expenditure on In-patients only	Rs.1,14,785
Average daily sick	654 patients
Average cost per occupied bed	Rs. 175-8-0 or £ 13-2-6 or 13. 12.

Comparison with some Surgery costs of London and Provincial Hospitals in England with Medical Schools, extracted from "Burdetts Hospitals and Charities 1925".

General Hospital, Madras. £ 13-12-0-0

Hospitals with higher rates	£	Hospitals with lower rates.	£
1. London Royal Free Hospl.	13.70	(1) Birmingham General Hospl.	10.21
2. Charing Cross "	13.83	(2) Cambridge Hospital	11.97
3. N.London University College Hospital	13.99	(3) Bristol Royal Infirmary	12.51
4. Guys Hospital	14.31		
5. St.George's Hospital	16.94		
6. Kings College "	17.55		
7. St.Bartholomew's Hospl.	18.14		
8. St. Thomas "	18.60		
9. London Hospital	19.89		

A further analysis of the expenditure for medicines reveals that in 1934-35 Rs.50,633-7-0 was spent, of which amount Rs.35,677-11-0 applies to Medicines purchases from Medical Stores Depot, whilst Rs. 14,955-12-0 applies to Local purchases of Special medicines etc. - most proprietary.

Recoveries from pateints for Special medicines purchased in 1934-35 only amounted to Rs. 643-11-10.

Some idea will be gained of the extent to which special medicines are considered necessary to supplement pharmacopoeia medicines, when it is mentioned that the Official Pharmacopoeia of Stock medicines, drawn up for the use of Hospitals and dispensaries of the Madras Presidency, contain 21 prescriptions, for the whole of which only 42 drugs are used, whilst some of thebills I have examined for medicines locally purchased embrace a range of 125

different remedies etc.

It is, of course, entirely outside my province, as a Layman, to express my opinion as the necessity for this expenditure, I have simply furnished certain date of analysis and comparison in the hope that it will form some guide for a professional opinion.

I did, however, consider it within my province to bring to the notice of the Superintendent, General Hospital the expenditure of Rs. 2,700/-. in a year on Carbolic acid at Rs. 1-2-0 per gallon when cheaper disinfactants were available for general purposes. I pointed out that Lysol could be procured at Rs. 0-7-0 per gallon and Cresol at Rs. 0-2-4½. Orders were at once issued by the Superintendent to take Cresol into use whenever possible, forthwith. This should result in a saving of some Rs. 2,000/- in a year.

It is observed that the House Committee of the London Hospital is assisted by a Theatres Committee and a dispensary Committee - The former presumably would be responsible for all matters connected with the selection and for repair or replacements of instruments, appliances, dressings and disinfectants and the latter committee for the selection of drugs etc. within the scope of the available funds. Only such drugs and medicines as would be approved for use by the Dispensary Committee to be purchased.

I submit for consideration that advantage would be derived for a similar arrangement at the General Hospital except that the Committees would be responsible to the Superintendent. It is thought, too, that the periodical scrutiny and criticism by a theatre Committee of the expenditure in the wards of dressings, disinfectants etc., would lead to good results.

BREAKAGES.

Breakages of clinical Thermometers and Hypodermic Syringes are heavy at each Hospital I have visited (I exclude the Mental Hospital and Ophthalmic Hospital where, naturally thermometers are not used to the same extent.) Recoveries in certain cases are made from Nurses where the breakages was clearly due to neglect of some sort.

The percentage of Thermometers broken during the year 1934-35 vary from 279% in the Women and Children's Hospital to 387% in the General Hospital. Monetary recoveries are made to the extent in about 50% of the total cases of breakages.

The pattern of Hypodermic syringe in use at the different hospital varies. At the Rayapuram Hospital "All Glass" Syringes are in general use, as these cost only annas 9 to annas 14 the cost of breakages is not great (one year Rs. 147) but in the case of a hospital using part metal syringes varying in price from Rs. 13/- to Rs. 5-2-0 as the General Hospital does, the cost of breakages has reached a figure of Rs. 1,328/- in a year.

Whilst the expenditure of Thermometers seems to be unavoidable I am of opinion that breakages and cost in the case of Hypodermic Syringes could be considerably lessened if a suitable kind of syringe can be found.

The first essential seems to be a metal syringe with a replaceable glass barrel, the second essential is that the graduations should be marked on the metal piston and not on the barrel. As the barrel is the part that breakes, it is, obviously, much cheaper to replace with a plain glass one than with a grduated one. The only syringe that I have seen which meets these requirements is a "Collins" Syringe which is in use at the Tuberculosis Hospital and obtained I understood from the Haffkeine Institute, Bombay.

If a satisfactory syringe of this type could be standardised for use in Madras Government Hospitals, I anticipate that economy would result.

LAUNDRIES.

The General Hospital and the Women and Children's Hospital have machine Laundries and the remaining Government Hospitals manual laundries.

The following list shows the cost per piece washed at each Hospital.

General Hospital	Mechanical	4.50 pies per article
*Women and Childrens' Hospital	-do-	1.75 -do-
Rayapuram Hospital	Manual	3.37 -do-
Rayapettah Hospital	-do-	2.50 -do-
Ophthalmic Hospital	-do-	2.75 -do-
Tuberculosis Hospital	-do-	2.75 -do-
Victoria Caste and Gosha "	-do-	2.75 -do-
Mental Hospital	-do-	3.75 -do-

* The lowest cost per article is attributed to the large proportion od small articles washed compared to other Hospitals.

At the General Hospital Sope in the form of Laundry Flakes has been taken into use in place of Bar Soap formerly used. The price of Laundry flakes is Rs. 16/- per cwt. against Rs. 31/- per cwt. for Bar Soap - This will occasion a saving of about Rs.1,200/- per annum and reduce the cost per article to about pies pies 4.3. I understand that Laundry flakes will also be taken into use at the Women and Children's Hospital.

The manual Laundries are generally considered to be unsatisfactory by Superintendents, the objections generally are: insufficient cleansing; lack of adequate drying arrangements, especially during monsoons; difficulty of keeping Dhobies upto time in respect to the number of linen articles required daily. In the case of the Ophtahlmic Hospital linen etc. is not even washed on the Hospital premises at only one delivery of clean linen every 10 days in procurable. The inadequacy of such an arrangement is obvious.

Each Hospital without a mechine laundry requires improved facilities and both the Rayapuram and Mental Hospital have put forward cases to have their own mechine laundries.

The question of a central laundry was, I understood raised as long ago as 1919 - it took a more different turn in 1929 but was finally abandoned in that year owing to financial stringency. Since then the General Hospital and Women and Childrens' Hospital have been provided with their own ~~mechine~~ mechine laundries.

I estimate that a central laundry of the size of that of the General Hospital, i.e, capable of dealing with some 5000 - articles per diem would be required to wash for the remaining hospitals, i.e. Rayapuram, Rayapettah, Ophthalmic Hospitals,

Gosha, Tuberculosis and Mental Hospitals.

It will be observed that the rate per piece washed at the General Hospital is 4.50 pies (likely to be reduced to 4.3 pies) whilst the present average per piece washed at those Hospitals employing Dhobies is 2.97 pies.

When the costs of transport, extra staff for checking and Superintendence are added to the former figure it will be seen that the figure 4.50 pies is likely to be exceeded.

Cost will be still further added to by the necessity of retaining a staff of one or two Dhobies at each hospital to give a priliminary wash and disinfect infected and very foul clothing and linen.

It is clear that infected articles cannot be sent to a Central Laundry without this precaution. The Superintendent Mental Hospital particularly stresses the last point as there are always mental patients of foul habits.

The desirability of sending linen etc. used by Tuberculosis patients to a central Laundry also seems a point for consideration. Whilst in no case could a mechanical laundry be considered economical compared to the dhobi manual system, yet the former has become a necessity for any modern hospital by the standard of modern efficiency.

The capital cost of six mechine laundries for six separate Hospitals would clearly be considerably more expensive than a central laundry, though for convenienceand efficiency the individual laundries would be preferred to a central laundry.

Of the six Hospitals concerned Rayapuram Hospital and Mental Hospital are large institutions and are out-lying to the the remaining Hospitals. They are, as well, the two Hospitals most likely to add to transport costs. The Rayapetta, Gosha, Tuberculosis and Ophthalmic Hospitals are grouped to some extent and are comparatively small hospitals.

I would therefore submit that the best value obtainable

for any mechanical laundry scheme would be from the provision of seperate laundries for Royapuram and Mental Hospitals and a central laundry for the smaller hospitals, viz. Royapettah, Gosha, Tuberculosis and Ophthalmic Hospitals. This centralization could possibly be effected with a slight extension of the General hospital machine laundry.

I have rendered a seperate report on this question with alternative suggestions for a central machine laundry either situated at Saidapet or at the Mental Hospital. Kilpauk to deal with the washing for all those six hospitals not equipped with machine laundries.

The capital cost involved by each alternative require to be worked out before it can be decided which is the most advantageous proposition.

EXPENDITURE ON WATER AND ELECTRIC CURRENT.

I find it impossible to make any effective comparison between hospitals as there is no standard scale of electric points, electric fans, sterilizers etc. The expenditure of water varies widely for each hospital and is affected by area, laundries, gardens, weather well is available or not, and many other factors.

The expenditure on both items is largely influenced, too by ward discipline.

The only control that can at present be exercised is by the standard of past expenditure, which is done.

A better control would, in my opinion, be obtained from a standard of comparison based on a cost per in-patient - but unless a revised system of accounts (as I have advocated) be instituted, no material is available for such a comparison.

CONCLUDING REMARKS.

Excluding the Government General Hospital - not with the idea of creating any invidious comparison but because, as the premier hospital in the presidency, it may be expected to extend more, comparatively, than other hospitals - I have, during my

visits to the other Government hospitals in Madras city, been struck by the moderate expenditure rather than any extravegent expenditure.

Local purchases are extremely limited owing to the Jail department supplying such a large proportion of hospital equipment but, wherever local purchase is resorted to, I was impressed with the fact that discrimination is used almost invariably, in favour of cheap article.

Practically every hospital accommodates more patients than the standard equipment and ward accommodation provided for.

The Mental Hospital, Kilpauk accommodates no less than an average of 487 patients per diem throughout the year.

At the Rayapuram, Rayepettah, Women and Children's hospital and Gosha hospital I observe much conjestion in the out-patients departments.

In proportion to the medical relief afforded at those hospitals I have been unable to find disproportionate expenditure. Anything in the nature of an arbitrary cut in funds would, in my opinion, reduce the amount of relief now made available and curtail the scope of treatment.

In short, the effect would be reactionary.

The first remedy, therefore, for financial stringency regards these hospitals, would appear to lie in the production of revenue by an insistence of some contribution from the class of patient who now evades payment and that other class who, though unable to pay the minimum fee now extant, might be able to pay a smaller fee.

" C O P Y "